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Vol. XXII

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No. 6

Original Articles

GLANDULAR FEVER

CHAD A. VAN DUSEN, M. D.
OGDEN CENTER, MICH.

Before the present epidemic, the writer and several other physicians in this vicinity were not familiar with the symptom complex known as glandular fever. Many patients were labeled "adenitis" which was correct enough so far as it went, some were thought, possibly, to have been scarlet fever minus eruption and a few, especially by the laity, were thought to have been mumps. For these reasons it is desirable to call attention to the symptoms that the infection may be more generally recognized.

Glandular fever was first described by Pfeiffer, in 1889. The disease is manifested by enlarged, tender, lymphatic glands, especially those of the cervical region although the axillary and inguinal groups are sometimes affected and probably, at times, the bronchial and mesenteric glands. The constitutional disturbance is sometimes marked, there being high fever, nausea or vomiting, and general malaise at the outset. The first symptom noticed is usually "stiff neck" and in a day or two the swelling and fever are evident. The throat symptoms are conspicuous by their absence but many show a transient erythema of the tonsils and palate and enlargement of the papillae on sides and end of tongue. The fever soon subsides and the glandular enlargement is gone in from ten days to three weeks. Some have considerable cervical pain and abdominal pain has been reported. The glands vary in size from a pea to a goose egg. Adults are rarely affected.

My first patient, seen in December, 1922, was a girl of six years, who, after an indefinite illness of 12 days under the care of another doctor was thought to be convalescing satisfactorily, when there was a return of the fever and in the absence of the first physician I was called. She had a temperature of 104 degrees, moderately enlarged cervical glands on both sides, and a left otitis media. After drainage was established the temperature came down

and she rapidly got well. I was unable to obtain any history of eruption or throat symptoms but was suspicious that the girl might have had scarlet fever infection. In a few days a two year old girl in the same family developed a fever (103.4 degrees) and enlarged painful cervical glands on the left extending in a day or two to the opposite side. She had no rash or angina and did not appear very ill but had fever more marked in P. M. for about two weeks. About the same time another girl of six years was brought to the office on account of enlarged cervical glands. This one had a history of fever, vomiting, swelling at the angle of the jaw and red throat (which was gone by the following day), the previous week. No rash was noticed by the mother or attending physician.

Since these patients I have seen probably twenty of these cases in a small practice and from conversation with neighboring doctors know that they have seen many of them. Some were not very ill but noticed while making a call on some other member of the family on account of the "knot" on the neck. A few were apparently quite ill for a day or two, the doctor being called on account of the high fever or the complicating otitis. One boy of sixteen came to the office on account of the typically enlarged glands but had no history of having been ill. Recently in a family having three children all three were infected. A boy of seven who attended school developed a stiff neck on a Wednesday but did not appear ill until Friday when his neck was noticed to be swollen and his temperature 102 degrees. His brother of five appeared indisposed on the following Saturday, had the typical stiff neck on Sunday and by Tuesday was very ill, temperature of 104 degrees (remaining at this level for three days), pain and swelling marked. At this time a girl of three years was noticed to have slight swelling of cervical glands and temperature was found to be 100 degrees. The infection bothered her very little. She did not know she was sick. These children had no eruption and complained of no soreness of their throats but all showed some reddening of tonsils and palate and the one with the high temperature had a rhino-pharyngitis. No complica-

tions in this group. The three cases illustrate the degrees of severity usually seen, most of them resembling the boy of seven.

The complications are nephritis and retropharyngeal abscess, rarely, and otitis more commonly. Two cases of otitis have occurred in my series and have seen two in the practice of a colleague. Relapses are frequent where the children go out of doors before the swelling has completely subsided. Abdominal pain, seldom severe, has been reported.

The prognosis is very good, there being only one death in a series of ninety-six cases reported by West, that occurring in a delicate child convalescing from scarlet fever.

The swelling beginning on one side and then involving the other bears some resemblance to mumps but the parotid gland is not involved and consequently the tumor is lower on the neck and by palpation several glands may be felt. Also the incubation period is short in contradistinction to mumps.

Simple acute adenitis is differentiated from absence of the throat symptoms or other focus in the lymphatic chain.

To me the symptoms and complications suggest scarlet fever more than any other condition and am afraid that during an epidemic of atypical scarlet fever one might think he had missed a transient eruption until he had observed a few patients. However the absence of any rash or angina and the early prominence of the glands should be sufficient to make the diagnosis during an epidemic.

ACUTE PELVIC PROBLEMS

LEO DRETZKA, M. D., F. A. C. S.
DETROIT, MICH.

Although the abdomen proper and the pelvis are actually one cavity, yet the diseased condition of one can be distinctly separated from the other. It is important that this be done, because it is the deciding factor in choosing the time for operative interference.

A lesion in the abdomen proper usually gives rise to alimentary symptoms and signs of peritoneal irritation. The rigidity of the abdominal wall is more marked, as in acute appendicitis, acute gastric ulcer and gall bladder disease. The reason for this is obvious, the diseased part being located nearer the abdominal wall. It is likewise true that the patient, in most instances, suffers more acutely.

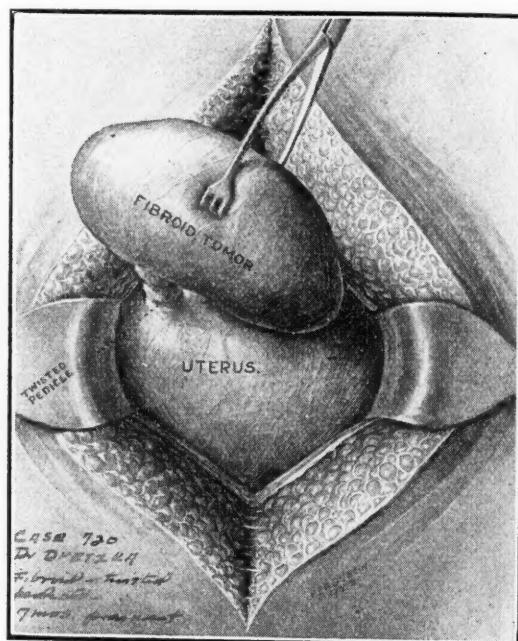
When a pelvic lesion is suspected, a minute detailed history is the most valuable aid. A diagnosis can, in many instances, be made while the patient is telling her story. It will at least point the way. An acute pelvic lesion usually produces symptoms of genital character. There will be tenderness on deep pressure with some

degree of muscular defense. A thorough vaginal examination will leave little doubt as to the true nature of the trouble. In many instances, a rectal examination is more valuable than a vaginal.

For the purpose of discussion, the acute pelvic problems may be divided in groups; first those conditions due to infection; second, those caused by hemorrhage; third, accidents to existing growths.

INFECTIONS

Acute puerperal and non-puerperal infections of the female genital organs make up the largest group of pelvic diseases. Infection takes place either from without, resulting from introduction of infective organisms and the invasion of the gonococcus, or the focus of the infection may be within and be even remote



from the pelvis. This first group includes acute salpingitis, ruptured pyosalpinx, ovarian abscess and acute peritonitis. The infecting organisms may enter by four routes, through the cervical canal, through the abdominal ostium, through the fallopian tube when intestinal adhesions are present, and finally through the blood stream or lymph channels as in tubercular salpingitis.

The infecting organism in acute salpingitis may be the gonococcus, streptococcus, pneumococcus, colon bacillus or mixed infection. Salpingitis occurring before puberty is always gonorrhreal or tubercular in origin.

In acute salpingitis, there is, in the early stages, no pelvic mass to be felt. The tubes are soft, congested and discharging pus into the pelvic cavity. As the inflammatory process continues, the fimbriated ends of the tube

close and there is a sudden onset of pain, a rise of pulse and temperature. The rigidity is more or less general until the subacute stage of the infection is reached, then it is confined more definitely to the tubes, either on one side or bilaterally. Operative interference is not urgent. Whereas in peritonitis, following a ruptured pyosalpinx, there is a characteristic mass behind the uterus (the rigidity extends higher up), the patient is in a state of progressive shock and must be operated immediately. Another type of salpingitis is that resulting from an exacerbation of a chronic tubal infection due to violent exercise, fatigue or other exciting cause. In these cases, there are the general symptoms and abdominal signs described above. In addition, there is the firm, fixed mass. The diagnosis is definite and not difficult, the infection is low grade and produces no systemic reaction.

Another condition producing acute pelvic symptoms is peritonitis following the interference with the pregnant uterus. The clinical symptoms are prominent, the patient is critically ill, the pulse is rapid, the temperature high with chills, distention of the entire abdomen and rigidity of the lower part. The picture resembles that of acute salpingitis, but the greater.

ACUTE PELVIC CONDITION DUE TO HEMORRHAGE

This condition is most frequently due to a ruptured ectopic gestation. The diagnosis is not difficult. There is a history of early pregnancy and amenorrhea. If the bleeding is active, symptoms of shock may be present, such as blanched appearance, sub-normal temperature and rapid pulse. If the bleeding has arrested its self, then it is necessary to differentiate this condition from subacute salpingitis or oophoritis. In both cases, there is pelvic pain, tenderness and a fixed mass to one side of the uterus. In my opinion, the greatest point of difference is the history.

ACCIDENTS TO EXISTING GROWTHS

The most common of this group is torsion of the pedicle of a fibroid or ovarian cyst. The history is that of sudden acute and persistent pain. There is no rise in temperature and the pulse rate is within normal limits. The case described in Plate No. 2 gave all the symptoms of acute appendicitis, the patient was pregnant and the enlarged uterus caused the location of the tumor to be at McBurney's point. On examination, a mass was felt resembling an appendiceal abscess, there was vomiting, but no rise in temperature or pulse rate.

The treatment of tumors with twisted pedicles is invariably laparotomy and removal of the mass at the earliest convenience as gangrene

may follow the torsion. Then too, ovarian tumors may rupture. The simple serous cyst fluid will cause no disturbance, but the thick tenacious fluid of the cyst, adenomata, is very irritating and may set up a plastic peritonitis.

ELECTRO-THERAPY; OR WHAT THE PHYSICIAN CAN DO AND SHOULD DO FOR "CHRONICS"

JOSEPH E. G. WADDINGTON, M. D., C. M.
DETROIT, MICH.

The chronics, which, to the average physician, are synonymous with the incurables, are, like the poor, ever with us; and also, like the submerged tenth, are usually considered as liabilities rather than assets.

Ask the general practitioner what he does for chronic rheumatism or arthritis; chronic digestive disturbances; chronic high blood pressure; chronic constipation; chronic cases of "nervousness", "neurasthenia", "generally run down," and the many and multiform more or less vague or even definite chronic aches and pains and complaints of suffering humanity, impossible of accurate nosological diagnosis or etiology and he will, more often than not, reply, that he has little time and less inclination to spare for such persona non grata; that he gives them some favorite hackneyed prescription and in addition, some vague, nebulistic advice as to "nourishing, digestible diet," change of habits and change of surroundings. He will further inform you, if in a friendly, communicative mood, that he does not care to treat chronics, as they are very unsatisfactory, because he has found, from disappointing experience, that he very seldom can relieve, let alone cure them. This pessimistic attitude being naturally reflected in his manner, as well as later in his results or rather lack of results, also naturally does not tend to foster a warm reciprocal attraction, but finally results in vilification of the medical attendant in particular and the medical profession in general and also, still later, results in furnishing an abundant harvest for the old woman, faith healer, "mal-alignment" adjusters, patent remedy vendors, and a horde of other "blind healers of the blind."

These latter day "holier than thou" parasites upon the medical profession do occasionally, to the splenetic disgust and discomposure of physicians, achieve, what the now grateful patient considers and vociferously advertises as, a cure; and the greater the apparent cure the greater the disparagement of the ability of any and all former medical attendants.

Diagnosis, of course, is the foundation upon which to build accurate therapeutic results, but when we consider the countless symptoms,

varying and varied, sometimes even conflicting, which emanate from that intensely complex physical and mental problem, the human body, is it any wonder that even the cleverest diagnosticians make many lamentable mistakes, and that a diagnosis too often proves a barrier, rather than a royal road to health.

If our scientific deductions and treatment so often fail in achieving even temporary alleviation of symptoms, as they so often do in our chronics, and these same apparent incurables later present themselves to our embarrassed gaze with an exultant history of having consulted some irregular, more or less imperfectly educated "layer on of hands" and, despite our critical enquiry, the patient, no longer ours, not only vocally asserts, but physically evidences an amelioration, if not cure, of his previously diagnosed hopeless condition, we should awaken to the practical, if not overly congratulatory scientific fact, that possibly, when diagnosis can not be exact or in spite of exactness, there may be something lacking in our previously attempted or too conventional methods of treatment.

The conscientious physician will never resign a patient to the inevitable, either of chronic illness or of the grave, until he has tried all that he knows; and failing further personal resources he will call in such of his confreres as may be best expected to possess especial skill or more abundant experience.

But the conscientious physician will, however, also recognize the danger and wrong both to his reputation and to his patient's health, if he attempts personally to do more for said patient than he, the attendant, is fully qualified to do.

Herein is where the general practitioner, conscientious and hard working as most of them are falls between the Scylla of too much action on the one hand and the Charybdis of too little action on the other.

The art and science of medicine has grown to such ever enlarging dimensions, that we are repeatedly advised that the day of the general practitioner is over and that now is the age of specialism. We have specialists for the eye, ear, nose, throat and chest; stomach specialists, rectal specialists, pediatricians, obstetricians, gynecologists, neurologists, surgeon specialists for different anatomically geographical areas, etc., etc., yet there is and always will be a demand and place for the general practitioner, and there is also a strongly developing and insistent demand for that recognized, but as yet least requisitioned specialty—Electro-therapy.

Electro-therapy of all specialties is or should be the most generally popular and utilitarian. The chronics are with us in season and out; they are "Georged" from office to office and

finally land in the hands of our enemies and, all too often, rise up later to call us the antithesis of blessed.

If the physician will refer his impossible and unappreciated chronics to the electro-therapist, the same as he refers his eye cases, surgical and other specially indicated cases to the respective specialist, he will not only convert disgruntled patients into grateful ones, but will be able to retain such patients as assets in the future; he will thereby fail to act as a constant feeder for irregular practitioners of the healing art, and failing sustenance, these latter must eventually die of clientele insufficiency.

Many of the bath houses are now equipped with some one or more of the electrical modalities and the more pretentious even give colonic treatments; and the employment of sinusoidal currents, actinic ray, and other electrical therapy, is being popularly and increasingly used by all classes of healers, pseudo-healers and adjunct healers.

"They ask for bread and ye gave them a stone;" we should not complain if the chronics, lacking sympathy and help from the source, whence from time immemorial, they have been taught to look for help, now turn, in this awakening age, to other sources, polluted as such sources may be; for half a loaf has usually been considered as two-fourths better than none at all, and some electro-therapy, even if applied by the unorthodox, will quite frequently secure most admirable results not otherwise attainable by rigid adherence to drug medication or surgery.

If the physician stereotypely prescribes his favorite liniment or rub and shoots a number come 11-44 vaccine for chronic muscular and joint aches and pains; or prescribes his favorite pepsin and—for a chronic digestive disturbance; or exercise and light diet for heavy and inactive chronics; a favorite nervine for the chronic who is obsessed with nerves; a laxative and some futile, nebullos advice as to diet and habits for the ubiquitous chronically constipated; advises the female of the species, chronically complaining of leucorrhoe; of painful, excessive or scanty menstruation; of more or less indefinite, persistent or recurrent pelvic discomfort or pain; to have "it" scraped or "cut out"; and so on ad infinitum et ad nauseam, sed non sufficit, he not only misses securing desirable results but, when a majority of these same cases later exhibit unavoidable evidence of improved health and, sacriligeously to relate, have secured this benefit, not from the professionally undesirable attentions of some one or thing outside the holy pale of medical recognition, it only tends to lower what should be the highest profession in the world.

It may be better, in most things, to attempt

and fail, rather than never to have attempted, but this axiom does not satisfactorily apply to the general practitioner attempting to treat a serious eye or ear lesion, an operable cancer, or any other specially delicate condition in which delay means disability or death unless the expert be timely called.

Because these chronics do not necessarily show immediately severe or fatal results arising from neglect or inopportune temporizing measures, does not belittle the argument for speedy institution of correct and expert treatment.

Electro-therapy, like some other specialties, suffers somewhat from the fact that the laity have taken up some one or more of its phases, but let the medical profession as a whole more thoroughly acquaint themselves with the indications for and value of this specialty, and thoroughly trained and equipped services will always be more in demand than the untrained.

While the expert in electro-therapy will of course be trained and equipped to cope with any and all conditions legitimately circumscribed within the scope of his specialty, the general practitioner is by no means debarred from qualifying and equipping himself to treat at least some of the chronics. Even one modality alone, if thoroughly studied and intelligently employed, may work wonders and the field of electro-therapy is so wide and comprehensive, that one has but to choose according to one's pecuniary and mental resources.

It is not the purpose of this paper to go into details of electro-therapy technique; neither time nor space will permit, but it is the purpose to endeavor to stimulate a more generally diffuse interest in the treatment of chronics, and to disseminate the knowledge that chronics can be satisfactorily treated, and that such treatment consists very largely in a thorough knowledge and correct application of electrical modalities.

Recall the many and varied forms of electric currents available for therapeutic use: The induced, interrupted, faradic current; the alternating or sinusoidal current; the oscillating, high frequency current, which is divided into three distinctly differing and physical types of current: The D'Arsonval, Tesla, and Oudin currents; the radiant currents as produced from high wattage, specially constructed and specially colored lamps; the actinic ray lamps; and many other modalities, one and all capable of an infinite variety of modification and with an infinite variety of indications and applicability.

Consider even superficially, the stupendously important adjunct to our armamentarium involved in the thorough knowledge and correct

application of these numerous and brilliantly valuable modalities.

Drugs and surgery, useful and important as they undoubtedly are, are but modestly requisite when compared to the vastly more often indicated and precise activities for electro-therapy. Consider that with some one or other or combined electrical modality you can apply either stimulation or sedation to a nerve center, the spinal cord or the nerve itself; that you can relax or contract a muscle or an organ; that you can apply heat to any desired degree and to any desired portion of the anatomy, whether that be the whole body or to some one precise portion of an internal organ or the interior of a joint; that you can sterilize superficial infections and materially affect even deep seated lesions; that fibrous, scar tissue can be absorbed and the chemically pathological constituents of tissues may be ionically affected; that metabolism and catabolism can be accelerated or retarded; that the chronic who, though not suffering physically, is suffering mentally from some disfiguring blemish or birth mark, can be restored to a beauteous normal both in mind and body; such effects secured and proven in an infinitude of cases the world over, in private practice, hospitalization, and in government work, are surely worth studying and applying or prescribing by the general profession, for the relief of those whom you meet here, there and everywhere—"the chronics."

In conclusion, to quote Adams, "the man who knows more than I do has listened and studied and watched more than I have;" and I'm honest to acknowledge it. Are you?

DOES DIET INFLUENCE THE COURSE OF THE BASAL METABOLIC RATE IN EXOPHTHALMIC GOITRE?*

H. G. WALLER, M. D., and H. N. WOODWELL,
A. B.

ANN ARBOR, MICH.

Lusk (1) and others have shown that different foods exert different influences upon the metabolic rate. Protein has a much greater effect in this respect than either carbohydrate or fat.

It is accordingly of interest to determine whether variation in protein metabolism can be shown to have an influence upon the basal metabolic rate of patients suffering from exophthalmic goitre.

Table 1 shows data obtained from a case of well developed Graves' disease with marked increase in basal metabolic rate. No "specific therapy" was given while in the hospital. Rest,

*From the Department of Internal Medicine, Medical School, University of Michigan.
(1) Lusk, Graham: *Science of Nutrition*, 3rd Edition. 1919, W. B. Saunders Co., Philadelphia.

caloric intake and general nursing care remained as nearly as possible the same, while the protein metabolism was varied. As will be seen from the table, the protein intake was increased from 31 grams daily to 155 grams daily. The urinary nitrogen determinations are evidence of the increased nitrogen metabolism resulting from the increased protein ingestion. It will be noted that the basal metabolic rate decreased as the protein metabolism increased.

TABLE 1.
SHOWING DECREASING BASAL METABOLIC RATE WITH INCREASING PROTEIN METABOLISM

Date 1923	Protein	Fat	Carbo- hydrate	*Calories	**Urinary N.	***Basal Metabolism	Weight Kilos.
March	gms.	gms.	gms.		gms.		
19	31.7	155.3	494.2	3501	5.64	+46%	50.65
20	31.7	155.3	417.3	3193	5.86	.....	.....
21	31.7	155.3	412.3	3173	4.92	.....	.....
22	31.7	155.3	494.3	3501	4.12	.....	.....
23	32.2	155.4	495.4	3509	6.46	.....	.....
24-31	Same Diet						
April							
1	32.8	155.6	495.5	3513	4.45	.....	.....
2	32.3	155.5	515.2	3529	5.59	.....	.....
3	33.1	151.5	522.2	3584	5.08	.....	.....
4	32.3	151.3	490.6	3453	4.49	+36%	51.45
5	33.1	151.5	502.2	3504	4.65	.....	.....
April							
6-13	93.0	196.0	338.0	3495	.....	.....	.....
14	93.6	196.4	338.4	3495	11.79	.....	.....
15	93.6	196.4	338.4	3495	15.12	.....	.....
16	93.6	196.4	338.4	3495	11.27	+28%	53.2
17	93.4	198.4	333.4	3492	12.81	.....	.....
18	93.6	196.4	338.4	3495	12.09	.....	.....
19	93.6	196.4	338.4	3495	11.25	+23%	53.55
20	93.0	196.5	339.9	3500	11.69	.....	.....
21 to 27	155.0	185.0	300.0	3500	.....	.....	.....
28	155.6	186.0	297.9	3488	20.22	.....	.....
29	147.3	174.2	297.9	3348	19.50	.....	.....
30	155.6	186.0	297.9	3488	21.56	+20%	54.85
May							
1	155.6	186.0	297.9	3488	19.32	.....	.....
2	155.6	186.0	297.9	3488	27.78	.....	.....
3	155.6	186.0	297.9	3488	20.88	.....	.....

* We wish to express our appreciation for the invaluable assistance rendered by Miss D. M. Stewart in arranging the diets used.

**Folin's Laboratory Manual for Biological Chemistry. D. Appleton & Co., N. Y. 1922.

***Laboratory Manual of the Technic of Basal Metabolic Rate Determination. W. M. Boothby and I. Sandiford. W. B. Saunders, Philadelphia, 1920.

These observations on exophthalmic goitre were controlled by experiments on individuals with no metabolic disturbance. These individuals were in the hospital for correction of orthopedic deformities and were obliged to remain in bed at rest for some time. These conditions interfered in no way with normal metabolism. Periods of low, medium and high protein intake were studied. Urinary nitrogen determinations were again used as a measure of the increasing or decreasing protein metabolism. The level of protein metabolism had no effect upon the basal metabolic rate in these normals.

The data thus far obtained do not warrant sweeping conclusions but clearly indicate that the level of protein metabolism has no signifi-

cant effect upon the basal metabolic rate of exophthalmic goitre.

We wish to thank Dr. L. H. Newburgh for his kind aid and suggestions.

SINUS THROMBOSIS

HAROLD F. OHRT, M. D.
DETROIT, MICH.

Thrombosis of the lateral sinus, the jugular bulb and the internal jugular vein must be borne in mind as this group of conditions present a similar group of symptoms. A presence of either one of these conditions results from a secondary septic process, causing a thrombophlebitis. A perisinus abscess causes the bony wall to necrose, permitting the dural covering to be contaminated with pus with the formation of granulation tissue. Jugular bulb thrombosis occurs with thrombosis of the internal jugular vein, the latter being preceded by lateral sinus thrombosis, although the jugular bulb may be the initial site of phlebitic focus.

Cause—acute or chronic otitis media usually with mastoid involvement; it may come direct from the ear.

SYMPTOMS

Chills, fever, nausea and vomiting, oedema of the mastoid region and sensitiveness over lateral sinus. Infection in the vein passes into the general circulation, causing great prostration with a fluctuating temperature. The clot may soften and float away from site of thrombophlebitis down jugular to heart and through pulmonary arteries to lungs, where it will lodge and cause a fatal pneumonia.

TYPICAL CASES

Thrombosis without serious symptoms, the fibrinous clot forming in the vein with absence of pus.

DIAGNOSIS

Fever, chills, nausea with vomiting, Pyemic symptoms, aspiration of sinus, cord-like feeling on palpation of the jugular vein, artificial papillitis on examination of retina, blood examination reveals a high leucocytosis, lowered percentage of hemoglobin, reduction of red blood cells. X-ray affords little, if any aid.

TREATMENT

Operate as soon as the diagnosis is made; it is best to decide at once before lung involvement occurs, which comes on in three or four days.

The simple mastoid should be performed first. Remove the bony wall of the sinus to the knee and when opening the sinus, be prepared to control hemorrhage to avoid any great loss of blood.

Two parallel incisions about 1/32 of an inch

apart should be made through the entire length of the sinus, the strip being removed. Remove the clot with a dull curette and retain for a culture and microscopic investigation. When most of the clot has been removed a small stream of blood will come from both ends, washing out smaller clots, which is then followed by a large flow of blood, which must be controlled. Suction may be used to remove the smaller clots. The checking of the hemorrhage is accomplished by the firm packing of gauze tampon between the bone and dural side of sinus. Avoid injury of the facial nerve. Should the thrombus extend into the jugular bulb or the internal jugular vein, it is then necessary to ligate the internal jugular vein. If necessary resect part of the vein.

POST-OPERATIVE CARE

Do not disturb the wound for four days unless alarming symptoms arise. Gently loosen the mastoid packing day by day, gradually withdrawing it a little each day. Upon removal of the gauze the wound may be cared for the same as a mastoid.

SIGNS AND SYMPTOMS IN EXOPHTHALMIC GOITRE

C. F. McCLINTIC, M. D.

Professor of Anatomy, Detroit College of Medicine and Surgery
DETROIT, MICH.

It certainly must be more than a mere coincidence that the signs in exophthalmic so closely approximate the phenomena which result from stimulation of the inferior cervical sympathetic ganglia. These signs have been produced experimentally in dogs by stimulation of these ganglia and have been observed in man singly and in groups in conditions in which these ganglia were irritated.

Let us note, therefore, the anatomical and physiological mechanisms associated with these ganglia and their accompanying phenomena.

1. There is a thin sheet of involuntary muscle in the upper eyelid which is supplied by filaments from the cervical sympathetic ganglia. When this muscle (Mueller's muscle) is stimulated to contraction the upper lid becomes narrowed, the lid rises above the upper border of the cornea, exposing the margin of the white sclera and results in a widening of the palpebral fissure. This accounts for the signs of Graefe and Stellwag.

2. Stretched across the sphenoidal fissure in the apex of the orbital cavity is a sheet of involuntary muscle, the orbitalis muscle, which is supplied by the sympathetic nerves from the above mentioned ganglia. When this muscle contracts, due to stimuli from these nerves, it pushes forward the capsule of Tenon with its

contents and thereby causes protrusion of the eyeball-exophthalmos.

3. In the orbicularis oculi and other musculature of the skin of the forehead are strands of involuntary muscle which, when stimulated, prevents wrinkling of the skin of the forehead. This musculature is supplied by the sympathetic ganglia of the neck. This mechanism explains Joffroy's sign.

4. (a) From these ganglia arise the accelerator nerves of the heart, their stimulation therefore increases the rate and force of the heart beat—tachycardia and a rise in blood pressure.

(b) Disturbances of the heart and vaso-motor centers assist in explaining the gastrointestinal and toxic symptoms.

5. The sympathetic nerves, when stimulated, increase the capacity of the respiratory tree by relaxing the involuntary musculature of the lung and air tubes (that is why adrenalin relieves asthma), this increase in lung capacity with the circulatory changes will explain the findings in basal metabolism.

6. The vaso motor nerves to the head, face, neck, and upper extremity arise from these ganglia and thereby account for the sweating and other vaso motor phenomena. It has been demonstrated experimentally that these areas are intimately connected with those of the lower extremity (Scott).

7. The tremor and rhythm are the same as that for smooth muscle. Langley has shown that all voluntary muscle has a sympathetic nerve supply. This will explain how the irritation of these ganglia will account for the tremor. It also explains the eye convergence sign of Moebius.

8. The bruit associated with exophthalmos and enlarged thyroid is accounted for by the relation of the gland to the common carotid artery. The enlarged gland presses upon and constricts the lumen of the vessel. The blood rushing through the narrowed lumen into the larger portion produces the bruit.

9. The pulsations of the gland may be due to the increase in the flow of blood through the inferior thyroid artery. The blood vessels of the gland have been assigned the function of being a shunt to control the flow of blood to the brain.

It is interesting in this connection to note that filaments of the sympathetic encircle the inferior thyroid arteries. When for any reason the diameter of these arteries increase they produce a tug upon the nerve and thereby irritate the ganglion. The irritation stimulates the ganglion, it in turn stimulates the heart, the force of its beat increases the diameter of the artery, which in turn increases the tug, etc., etc., and thus initiates a vicious circle which can produce all the signs of this condi-

tion. May not this account for Osler's cases which occurred from fright and soon recovered.

10. Changes in the gland may occur as a result of the disturbance of its nutritional mechanism. The disturbances or irritation of the ganglia may result from (a), pressure due to enlargement of the gland; (b), increase in the diameter of the inferior thyroid artery; (c), from infections in the neck and pharyngeal regions; (d), from toxins showing an affinity for the thyroid circulation. (W. J. Mayo has called attention to the specificity of certain circulatory areas for certain strains of bacteria). (e), General disturbances of the sympathetic nervous system from toxins, faulty diet, emotional states, etc.

11. Fitting in with these facts is the adrenalin test of exophthalmos. It is to be expected that the administration of adrenalin will accentuate all of the above mentioned phenomena.

The writer merely mentions these anatomical and physiological facts as a suggestion for the possible explanation of the signs in exophthalmic goitre. It is to be hoped that some one may undertake a study of this condition from this viewpoint and clear away the wild speculations associated with this very important subject.

ANNUAL CLINIC WEEK OF THE ALUMNI ASSOCIATION OF THE DETROIT COLLEGE OF MED- CINE AND SURGERY

HARPER HOSPITAL

Monday, June 11, 1923—

W. R. Clinton, M. D., in charge.

9:00-11:00—Clinic by staff of Harper Hospital.

11:00 a. m.-1:00 p. m.—Harper Hospital, Urology,

Dr. J. Bentley Squier, New York.

1:15 p. m.—Buffet lunch.

8:15 p. m.—Wayne County Medical Bldg., Medicine,
Dr. A. C. Morgan, Philadelphia.

ST. MARY'S HOSPITAL

Tuesday, June 12, 1923—

Arthur Gignac, M. D., in charge.

9:00 a. m.—Dermatology, Dr. E. C. Troxel.

9:30 a. m.—Medicine, Dr. John Lee.

10:00 a. m.—X-Ray, Dr. J. H. Dempster.

10:30 a. m.—Surgery, Dr. W. J. Cassidy.

11:00 a. m.-1:00 p. m.—Fractures, Dr. C. Scudder.
Boston.

1:15 p. m.—Buffet lunch.

2:30 p. m.—Inspection with Laboratory Demonstration College building.

PROVIDENCE HOSPITAL

Wednesday, June 13, 1923—

E. J. Panzner, M. D., in charge.

Class Room.

8:00 a. m.-9:30 a. m.—Urology, Dr. Wm. Keane.

9:30 a. m.-11:00 a. m.—Surgery, Dr. Ray Andries.

Auditorium

8:00 a. m.-9:30 a. m.—Dermatology, Dr. R. Wollenberg.

9:30 a. m.-11:00 a. m.—Medicine, Dr. DeWitt or Dr. Schmidt.

Nose and Throat Room

8:00 a. m.-9:30 a. m.—Nose and Throat—Dr. Woodworth and Dr. Brown.

Ward Walks

9:30 a. m.-11:00 a. m.—Pediatrics—Dr. Polozker or Dr. White.

Ophthalmology and Otology

8:00 a. m.-9:30 a. m.—Otology, Dr. Ray Connor.

9:30 a. m.-11:00 a. m.—Ophthalmology, Dr. Beattie.

X-Ray Room

9:00 a. m.-11:00 a. m.—X-Ray, Dr. Geo. Chene.

11:00 a. m.-1:00 p. m.—Obstetrics, Dr. J. C. Litzenberg, Minneapolis.

1:15 p. m.—Buffet lunch.

3:00 p. m.—Herman Kiefer Hospital—Contagious Diseases, Dr. Guy L. Kiefer, Detroit.

GRACE HOSPITAL

Thursday, June 14, 1923—

H. R. Carstens, M. D., in charge.

9:00 a. m.-11:00 a. m.—Grace Hospital staff clinics.

11:00 a. m.-1:00 p. m.—Harper Hospital Amphitheatre, Surgery, Dr. W. W. Babcock, Philadelphia.

1:15 p. m.—Buffet lunch at Grace hospital.

2:30 p. m.—Demonstrations by the Research Department of Parke-Davis Co.

3:00 p. m.—Herman Kiefer Hospitals.

8:30 p. m.—Annual meeting, entertainment and buffet lunch at Wayne County Medical Society Bldg.

RECEIVING HOSPITAL

Friday, June 15, 1923—

George K. Sipe, M. D., in charge

9:00 a. m.-11:00 a. m.—Brain Surgery, Dr. W. Sharpe, New York City.

11:00 a. m.-1:00 p. m.—Gynecology, Dr. Emil Novak, Baltimore.

1:15 p. m.—Buffet lunch at Receiving Hospital.

2:00 p. m.—Golf tournament, Grosse Isle Golf Club. Courtesy of Dr. H. W. Hewitt.

Chairmen of Class Reunions

Class of 1883, Walter J. Cree.

Class of 1888, Geo. E. Clarke.

Class of 1893, J. J. Delbridge.

Class of 1898, D. A. Campbell.

Class of 1903, Fred N. Blanchard.

Class of 1908, F. H. Cole.

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YOUR VIEWS
ON
MEDICAL SUBJECTS**

The Journal

OF THE

Michigan State Medical Society

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JUNE, 1923

**Report Malpractice Threats
Immediately to Doctor F. B.
Tibbals, 1212 Kresge Bldg.,
Detroit, Mich.**

Editorials

ACKNOWLEDGEMENT

The Legislative Committee of the Wayne County Medical Society wishes to convey to you, to your fellow members, and to your friends, (all of whom materially aided in the defeat of the chiropractic bill, House Bill No. 77), its deep appreciation of your necessary and valued co-operation, and to acknowledge the debt owed you by the profession as a whole and by the public, in whose latter interests the bill was held in the Health Committee of the Senate, of which Senator F. P. Bohn, M. D. of Newberry, was its most efficient and resourceful chairman. The other members of the committee were: Senator Hayes, Detroit; Senator Case, Benzonia; Senator Henry, Battle Creek; and Senator Karcher, Rose City.

Legislative Committee,
Wayne County Medical Society,
Frank A. Kelly, Chairman.

J. B. Kennedy
Angus McLean
B. D. Harrison
Advisory Committee.

CHIROPRACTIC BILL DEFEATED

As most of our readers know, the Chiropractors caused to be introduced in the recent legislature, a bill that created their own board, created their own standard of education and their own standards of practice. The same bill provided for state recognition and license to practice. The bill was introduced in the House, passed the committee of the House and was carried through the House and came to the Senate where it was referred to the Committee on Health. It is stated that a strong and expensive lobby was working for the passage of this law during the entire session of the legislature and that considerable funds were expended. Notwithstanding, the bill died in the committee of the senate. The plans of the Chiropractics were not successful and their strongly fought for bill was not enacted.

Credit for the defeat of this bill is due to a number of members of the profession and to prominent lay individuals. Exceptional credit, however, is due to our fellow member and chairman of the Committee on Health of the Senate, Dr. Bohn. In behalf of our members and in behalf of the medical institutions of Michigan we proffer to Dr. Bohn our sincere appreciation and thanks. Fearlessly, faithfully, and diplomatically did he withstand the undue pressure that was made upon him. He received the perniciousness of this proposed bill and commendably did he acquit himself of the trust imposed. In doing so he safe-guarded the lives of the people of this state and prevented the public from being imposed upon by ignorant individuals that form this cult. Michigan was indeed fortunate to have its health interests so well protected by so able and fearless a senator. The state owes Dr. Bohn a debt of gratitude. The Journal is proud to record his faithful service.

SHEPPARD-TOWNER BILL ENACTED

By reason of unusual activity on the part of our State Health Commissioner and his staff of assistants and by utilizing the numbers representing the membership of state women organizations and federations, the legislature passed the enabling act which foists upon the people of Michigan a unit of socialized medicine. The law's provision will be administered by the State Commission of Health.

There was evidenced during the legislative lobbying a definite division of medical opinion and support. On one hand there were the proponents of the bill represented by health officers and health department employes, together with representative medical men and the women leaders of the state. Opposed were

representative medical men, the Legislative Committee of Wayne County Medical Society, and the resolutions of protest passed by some 15 county societies. On the side lines, idle, was a large representation of doctors, but little concerned with the far-reaching influence that this entering wedge is bound to exert upon their future and their individual professional independence.

Now that this law is on our statute books, there is but one thing to do and that is to secure what benefit may be obtainable by reason of its provisions. Further, to limit to the greatest possible minimum the untoward features that can arise from the application of this law.

The Journal's Publication Committee and Editor have acquitted themselves by complying with the instructions imparted. We do not purpose further comment upon the activities that brought about the enactment of this undesirable type of legislation.

STATE MEDICINE

"The American Medical Association hereby declares its opposition to all forms of 'state medicine' because of the ultimate harm that would come thereby to the public weal through such form of medical practice."

"'State medicine' is hereby defined for the purpose of resolution to be any form of medical treatment provided, conducted, controlled or subsidized by the federal or any state government or municipality, except such service as provided by the army, navy or public health service and that which is necessary for the control of communicable diseases, the treatment of mental disease, the treatment of indigent sick and such other service as may be approved and administered under the direction of or by a local County Medical Society and are not disapproved by the State Medical Society of which it is a component part."

Adopted by House of Delegates, A. M. A., June, 1922.

FIFTY YEARS OF EDITORIAL LABOR

JOHN HARVEY KELLOGG, M. D., LL. D.

Medical treatment today consists of more than drugs, surgery, serotherapy and hydro-mechanics. Food of the right kind, of the right variety, of sufficient amount and of the proper preparation is of equal importance. Balanced rations is of tremendous value in the physical welfare and longevity of man. It is an important factor in the prevention of disease, the reduction of morbidity and the establishment of good health. Biological living has been demonstrated as of essential value. Think-

ing men today acknowledge that scientific feeding is of vast potential value.

Time was when he who urged a more thoughtful consideration of and greater attention to what and how patients ate was considered a faddist. Time, intelligent investigation, study and faithful perseverance brought about a change. Today food, its constituents, its quantity, quality and intake is pronounced as of primal importance in prevention of disease and in the treatment of patients.

Good health and right living may be inherited. Time, our modern ways and our environments undermine good health. Fortunate individual who despite his mode of living is able to maintain good health. Statistics reveal, however, that good health does not continue unless we know the laws that control good health and unless we keep these laws. The average individual, in fact it is the rare individual that is conversant with laws and regulations that make for good health. The movement toward acquainting the people with these laws is growing, thanks to the persistency, the vision and preachings of those who were gifted to perceive that it is of vital importance that fellow-men should be possessed of that knowledge.

For 58 years, *Good Health*, a Journal devoted to Race Betterment, the oldest health magazine in the world, has been in existence and published monthly. For fifty years, John Harvey Kellogg, M. D., LL. D., of Battle Creek, has served as its editor. As time goes, fifty years is not long. For the individual fifty years is an epoch. And this brings us to the real purpose of this editorial—to give tribute and make acknowledgement to that distinguished and talented fellow physician and surgeon and honored citizen. Permit us to quote from his reflection on fifty years of service:

FIFTY YEARS AGO AND NOW

It is exceedingly interesting in looking back over this half century, to note the marvelous progress which has been made in the field to which this journal is devoted.

Fifty years ago, the subject of health received very little attention by anybody except a few who were generally looked upon as faddists or fanatics. The water-cure movement, which began in this country about the beginning of the last century as the result of the achievements of Priessnitz, the peasant doctor of Grafenberg in Austrian Silesia, had practically died out. Most of the numerous water-cures started in different parts of the country had been closed, or were nearly extinct. The Graham movement, inaugurated by Sylvester Graham in the forties of the last century, had failed to strike the popular imagination, but had left good seed here and there. Dr. Stephen Smith, with the foresight of genius, had organized a board of health for the state of New York and formed a code of health laws which later became the model for legislation in every state in the union; but scarcely a half dozen states had established boards of health, and real efficiency was unknown in public health

administration in any part of the United States, even in New York City, where more progress had been made than anywhere else under the stimulus of Dr. Smith's leadership. The health officers were political appointees, and knew much less about the duties required of a guardian of the public health than of the qualities of chewing tobacco and the gossip of the corner grocery. Doctor White, president of Cornell University, illustrated the ignorance of these pseudo-health officers by relating a conversation which he had with one of them when serving on a commission of investigation. The official had made use of the word "hyginnicks." The professor asked him for a definition of the term, to which the officer replied, "Hyginnicks is a bad smell rising from dirty water."

Very few cities, with the exception of the very largest centers, made any organized effort to protect the health of the citizens. Vaccination was practically the only health measure in general use, and was performed in such a gross and filthy manner that it was a serious question with many whether more good than harm was done by the so-called "arm-to-arm" method of producing immunity.

In those days, cooking schools were unknown. The science of household economics now taught in every public school, had not yet been evolved. The culinary art was conducted by the rule of thumb. The science of dietetics was yet unborn. A few centers of diet reform started by Graham and Alcott at Boston, Northampton and a few other points in New England, and by their followers, Shipherd, Finney and Jenner at Oberlin, Ohio, and Olivet, Michigan, had passed out of existence, along with David Campbell's vegetarian boarding house in Boston. The Fowlers and their brother-in-law, S. R. Wells, were conducting a Phrenological Institute in New York City, at which students were instructed how to read character by the "bumps" on the head, and joined with their propaganda were more or less wholesome ideas about "health reform." A Dr. Trall was conducting at Florence Heights, New Jersey, a fake medical college, the course at which consisted almost exclusively of a series of harangues against drugs and drug doctors, with very little information of a practical sort in relation to hygienic living or the healing art.

As the result of contact with these various influences, and especially through the publications of Cole (Philosophy of Health), Fitch and Sylvester Graham, a group of "come-outers," led by James White, had ten or twelve years before started in Battle Creek a health movement and, later, the health journal known as The Health Reformer. While the real origin of this movement was such as we have indicated, an unusual degree of picturesqueness was given to it through the announcement by its leader that the new light was of supernatural origin, having been communicated through a "vision" to the wife of the leader, Mrs. E. G. White. A book entitled "How to Live," setting forth the new doctrines was issued and quite widely circulated. Unfortunately for its claims to divine authority, a critical examination shows the book to be merely a re-hash, in many instances, a verbatim copy, of books by the writers named and others. It was also unfortunate for this movement that its pioneers advocated strenuously some "reforms" which not only were not calculated to reform the health, but were positively and very decidedly harmful and dangerous. One of these was the disuse of butter, the importance of which as a source of an essential vitamin is now so well known that it is not remarkable that under the butterless regime many persons suffered great injury to health, and not a few succumbed to tuberculosis and other maladies due to malnutrition.

The natural result was a rapid backsliding after the first burst of enthusiasm was over and a return to the flesh-pots on the part of the great majority of the early adherents—a movement which doubtless resulted in saving the lives of many who otherwise would have succumbed to malnutrition.

It is a curious fact that the same new light about "health reform" had been revealed to the world some thirty years before by Joseph Smith, founder of the Mormon church, who also claimed his information to be of "divine origin." The Shakers, likewise, about the same time started a similar health movement in essentially the same way. Those were days in which new "cults" and "isms" were born overnight. Unfortunately, the fantastic features of these movements and the lack of scientific foundation for many of the doctrines taught, hampered them to such a degree that little progress was made and little good accomplished. Nevertheless, many of the teachings were sound and the "reforms" insisted upon wholesome and physiologic. Flesh meats were discarded, together with tea, coffee, condiments, alcohol and tobacco.

Fifty years ago, the early Battle Creek health movement had reached the height of its prosperity and was beginning to decline. In taking charge of the journal at that time, the writer resolved to undertake a thorough study of the different health reform movements under their various phases, and to endeavor to find out how to live as indicated by the teachings of science, of physiology and biology divested of fads and visionary whimsicalities. The name of the journal was changed from The Health Reformer to Good Health. The name of the health institution, which was taken in charge soon after, was changed from The Health Reform Institute to The Battle Creek Sanitarium. The sectarian features were eliminated as far and as fast as possible, and for fifty years the continuous effort has been by research, experiment and observation, to find the way of right living, and to disseminate the knowledge gained as widely as possible. An earnest effort has been made to keep in touch with the great laboratories of the world, in which new discoveries in bacteriology, biology and physiology, are constantly being made, and to make a practical application of every new fact as far as possible. Enormous help has been received from the experiments in animal feeding conducted by Agricultural Experiment Stations and, in more recent years, in the laboratories of a few of our largest universities, by the aid of white rats. A laboratory of this sort, under the general supervision of the writer, has been carried on for a considerable number of years at the Battle Creek Sanitarium, and with interesting results. The application by scientific agriculturists of the principles of biology and physiology and the feeding and rearing of domestic animals, has produced marvelous results. We now have cows which give more milk than cows were ever known to give before. During the last summer, in the large registered herd of Holstein cattle which furnish milk to the Battle Creek Sanitarium, probably the finest dairy herd in the state of Michigan, there were at one time seven cows giving more than one hundred pounds of milk each, daily. Nearly three barrels of milk produced daily by seven cows! We now have hens that lay more eggs in a year than hens ever laid before; larger and more speedy horses than were ever before known. All our domestic animals are marvelously improved by the application of the principles of physiology.

The application of these same principles to human life may be made to produce even more remarkable results. Through eugenics and euthenics, that is, race hygiene and personal hygiene, human beings may be so greatly improved as to produce a verit-

able new human species. Mr. Burbank, the plant wizard, believes this might be accomplished within six generations. To promote progress in this direction has been the mission of Good Health, and it is most encouraging to note that the importance of this mission is coming to be more appreciated than in former years. When the writer first began to call attention to the facts which indicate that the human race is degenerating, some forty years ago, he was called a "calamity howler," but at the present time, all economists and scientists who have made a study of this subject not only admit that the human race is deteriorating, but the majority have abandoned hope for the race and predict its decadence until race extinction ends the career of man upon earth. The writer is not such a pessimist. It is our hope and belief that through biologic living, the human race may not only be saved, but as greatly improved as have been the various creatures which man has rescued from the forests and the plain and domesticated, to share with himself the toils and labors of civilized life.

In harmony with this hope, the writer and his colleagues of the Battle Creek Sanitarium, a few years ago incorporated a Race Betterment movement, the initiative of which was the Race Betterment Conference held at the Battle Creek Sanitarium in January, 1914. Hundreds of scientific men and women from all parts of the United States attended this conference, and other cities sent representatives and published, daily, several columns of reports of the papers and addresses presented at the conference. A second conference was held in connection with the Panama-Pacific exhibition. An exhibit conducted in connection with the exhibition, attracted more attention than any other exhibit in the educational building.

Beginning fifty years ago, the present writer began experiments for the purpose of developing an acceptable biologic dietary and in the summer of 1873 wrote his first little volume, "The Proper Diet of Man," and almost continuously since that time experimental work has been carried on, the result of which has been the production of scores of food preparations and the invention of machinery and methods for the production of ready-to-eat breakfast foods and other products having for their purpose the improvement of dietaries for both the sick and the well. It is, perhaps, not too much to say that every household in the United States has been more or less influenced by these researches. The methods and principles developed have led to such a growth in the production of prepared foods in Battle Creek that the city has become known as the "breakfast food" center of the world. During certain seasons of the year, nearly one hundred carloads of foods daily are sent out to all parts of the United States and other countries by the various food concerns operating here, and it may truly be said that Battle Creek has changed the American breakfast from a meal made up chiefly of coffee, fried bacon and griddle cakes, to a more rational repast of ready-to-eat cereals and dairy products.

On the occasion of the third visit to Europe in 1899, the writer found Battle Creek and its food products quite widely known, not only in England, but in France, Switzerland, Germany, and even in Scandinavia. Factories for the manufacture of the foods were starting in all these countries, and soon factories were also opened in half a dozen other places. Not long after, doctors and nurses trained at Battle Creek began to make their appearance in numerous countries on both continents, and at the present time Battle Creek is known as a health center in all parts of the civilized world, and has been heard of in many heathen lands as well.

There is evidence everywhere that great progress

has been, and is being made in everything pertaining to health. The fluctuating fashions in women's dress have brought considerable relief from some of the distortions rife a half century ago. Out-of-door sleeping and out-of-door exercise are receiving much more attention than formerly. Tens of thousands of new homes that have been built within the last ten years have been provided with fresh air sleeping porches.

Of the various activities other than the editing of Good Health, which have occupied the writer for the past fifty years, the most important has been the organization and development of the Battle Creek Sanitarium. The crude methods of the primitive water-cure system of Priessnitz, if it could be called a system, were ill-adapted to the class of sick people who claimed attention and the many failures and disasters had brought discredit upon these empirical methods. There was an evident need of a refinement and amplification of hydriatic measures. A long series of studies, researches, experiments and observations was begun which, after twenty-five years, was crystallized in a volume of more than 1,000 pages, "Rational Hydrotherapy." Massage and medical gymnastics, electricity, sunlight and the electric light were taken up in succession in like manner and the results presented in "Massage," "Light Therapeutics," and other works. The electric light bath and numerous mechanical and electrical appliances for application of exercise and "movements" were also among the results of the earlier years of work. The general aim of all these efforts was the development of a scientific and practical system of institutional treatment for the sick and methods of "biologic living" for both sick and well. It has been gratifying and encouraging to see the ideas and methods evolved very widely copied and utilized in institutions and by physicians and others not only in this country, but, to quite an extent, throughout the civilized world and recognized as "the Battle Creek System."

The hygienic and therapeutic value of water is coming to be more and more appreciated. The modern house is not considered at all complete without the stationary bath tub. None but the poorest hovels are found without proper facilities for bathing. This is certainly a great change from the situation so short a time ago as the forties of the last century, when the bath tub was pronounced "a danger to health," and the newspapers denounced this innovation brought over from England as "an extravagance," and called upon the government to suppress it by licenses and special taxes. The state of Virginia, in fact, in 1843, made a law taxing each bath tub \$30 per annum, and a year or two later the city of Boston passed an order which rendered bathing unlawful except under the advice of a physician. So late as forty years ago, there was not a free public bath in the United States.

Thirty years ago, the writer, assisted by interested friends, established in Chicago its first free bath which for some time remained the only place where an indigent citizen could find an opportunity to free himself from the grime and soot of that dirty city. In connection with the free bath, a free laundry and dispensary were maintained, a visiting nurses' service, and at one time a settlement, a Good Samaritan lodging house and a day nursery. This work was continued for twenty years, for seven of which the writer spent one day each week in Chicago.

At the present time, many of our cities provide public baths ample for the accommodation of all comers, while Young Men's and Young Women's Christian Associations, and many public schools, provide swimming baths and shower baths, with all

up-to-date conveniences. Certainly, we are making progress.

Child welfare and other welfare organizations and health-promoting agencies are active in every part of the United States. Nearly every state board of health has a welfare department and sends out a monthly sheet devoted to health, together with leaflets dealing with every phase of public and personal hygiene. Recently, several new and excellent health publications have made their appearance, the last of which, *Hygeia*, is published by that most conservative of organizations, the American Medical Association.

The practice of medicine no longer consists so largely as in former days of purveying pills and drugs of different sorts, but physicians are everywhere giving more and more attention to the application of hygiene, physiological medicine and instruction in methods of avoiding disease, many of which were ridiculed fifty years ago when advocated in this journal.

Within this fifty years, also, the new profession of nursing has developed in this country. Public health nurses, school nurses and visiting nurses are everywhere scattering the good seed of better habits and more biologic methods of living.

As the result of these various health activities, the death rate in the United States has been reduced to half the former mortality rate, and the average length of life has been increased from forty years to more than fifty years. The infant mortality, especially, has been wonderfully lessened. In many cities, the death rate of infants less than one year old has been reduced to considerably less than half the former rate, as the result of improved conditions of living among the poor and the house-to-house instruction given by public health nurses.

Good Health does not claim credit for this great progress, but it is a satisfaction to know that for fifty years or more, Good Health has been a consistent advocate of these and other needed reforms, one of the greatest of all of which, the enactment of the Prohibition Amendment of the Constitution, was the greatest step forward ever made in so brief a time by any nation. Doubtless the World War hastened the achievement of prohibition, but it never could have been accomplished without the nationwide educational work which had been carried on for half a century before in which Good Health did its part.

The work of hygienic reform in its broader aspects is only just begun, and it is not at all likely that the great masses of the people will ever share in the benefits of biologic living; but an "aristocracy of health" may in time be developed. From year to year, new progress will be made, and Good Health will always be found in the front line of advance.

In order that the work of the Sanitarium should have influence and command respect, it was necessary that all its work should be conducted in a thoroughly scientific manner. To this end, extensive and thoroughly equipped laboratories were developed, with skilled experts in charge. To accomplish this, as well as to develop the surgical department, visits to the great European medical centers, six in all, were made, the first just forty years ago, when a very profitable time was spent in attending the clinics of the great surgeon, Billroth, and receiving special training from the chief assistant, the since famous Doctor Wolfer. Later, several months were spent with the noted Doctor Lawson Tait, of Birmingham, England, the father of modern abdominal surgery. As the result of these opportunities, it was found possible to develop in connection with the Sanitarium system of diet and treatment, methods of dealing with serious surgical cases which greatly lowered the death rate. One of the early

results of this work was the publication more than twenty-five years ago, of a series of one hundred and sixty-five successive recoveries after serious abdominal operations, and a total mortality after operations of this sort far lower than had ever before been attained. Although studiously avoiding repute as a specializing surgeon, having no enthusiasm for the surgical branch of the profession, the development of this branch of the work was so rapid that the writer was compelled to devote considerable attention to it, and in connection with other professional duties, he has performed something more than twelve thousand surgical operations, including several hundred involving the stomach, and abdominal and pelvic organs.

Another line of work undertaken was the establishment of a health mission in Mexico, with a Sanitarium located at Guadalajara, a work which was active and widely useful for several years.

During some fifteen years, from about 1893 onward, fully half the writer's time was expended in travel in an endeavor by lectures and other means to create an interest in biologic living and the rational care of the sick. During this time, also, a medical school was organized and carried on in connection with the Battle Creek Sanitarium where more than three hundred students were trained, and two hundred graduated as fully qualified physicians. This work was begun because of the inadequacy of the training in the medical schools of thirty years ago, and was discontinued when found to be no longer needed.

A great step just being made is the establishment at Battle Creek, in affiliation with the Battle Creek Sanitarium and the work carried on by this journal, of a college, the work of which will be conducted in co-ordination with, and subordinate to, the principles of biologic living; that is, culture and training of the body to the highest state of vigor and fitness through right living, will be made as much a part of the work as mental training and character-building. Physical health will, indeed, be the basis of the educational scheme. This the writer has long regarded as the one step necessary to round out and complete the Battle Creek scheme for health betterment for the individual and the race, and he considers himself most fortunate in having lived long enough to see at least the beginning of what it is hoped will be made a model educational institution. This educational work will be only the extension of a work which has been steadily developed during the last forty-six years. The beginning was the School of Health, organized in the fall of 1877, the next year after the writer became superintendent of the Sanitarium. A few years later, a School of Nursing was organized and has been in continuous operation since, and has sent out into the world over two thousand nurses, who have been trained not only in the methods employed in ordinary hospitals, but in the special methods of treatment and the principles of biologic living which are in vogue at the Battle Creek Sanitarium.

Nineteen years ago, a School of Home Economics was organized, and thirteen years ago a School of Physical Education was opened. Hundreds of graduates have been sent out from both of these schools and are to be found successfully pursuing their professions in all parts of the United States. The grade of work done in these schools is equal to that of the best university schools, so that the completion of a college curriculum requires only the addition of a few academic studies.

Within this fifty years, along with other developments, the Battle Creek Sanitarium, of which Good Health is a sort of bulletin, although in no sense a house organ for the institution, has made a phenomenal growth. Forty-seven years ago, the little

water-cure, after having during ten years passed through many vicissitudes, was in such a state that the board of trustees had about determined to close its doors. Patronage had dwindled to less than a score of patients and debts were fast accumulating. A thorough reorganization, the introduction of new methods and the elimination of objectionable features, and especially a determined and continuous effort to put the work upon a sound scientific basis which would command the respect of intelligent members of the medical profession, soon started a new development. The little handful of patients, scarcely a dozen, soon doubled in numbers, and during the years there has been a steady growth until at the present time the writer, after forty-seven years' continuous service as superintendent, surgeon and physician, finds himself associated with a faculty of fifty physicians, a corps of nurses, attendants, and other workers numbering fifteen hundred, with guests and patients reaching an annual aggregate of nearly twelve thousand; the buildings and equipment—all devoted to the care and treatment of the sick, aggregate in value nearly \$4,000,000, with affiliated properties devoted to the same interests which may be conservatively valued at \$1,000,000 more, all devoted unreservedly to the cause of biologic living.

In looking back over fifty years of continuous effort on one foundation and reviewing some of the evidences of growth and development, the writer is impressed by the fact that he has been peculiarly fortunate in always finding a considerable number of able associates willing to co-operate. For the most part, it is true, these have been persons who entered the work young and grew up with it, thus acquiring an experience and adaptability to the work that has proved invaluable. What has been accomplished has been the result of good team work. The writer feels no little pride in the fact that during the many years of his association with the work of the Battle Creek Sanitarium and the Good Health Magazine, there has never been a serious internal ruction of any sort and very few desertions. There are today at least half a hundred persons holding responsible positions in the work who have been constantly at their posts except for short vacations for 25 or 30 years or more. Of the large board of trustees, ten in number, not one has been associated with the work so short a time as twenty years. For forty-seven years the management has remained the same. This continuity and stability of effort has been a most important factor in what has been achieved by permitting an accumulation of experience and a summation of results.

The writer is happy to be able to report thus much of progress during his half century of continuous work in building on this foundation; and it is his sincere hope and wish that whoever has the pleasure of summing up the work of the next half century in this connection, will be able to report not only as much but more and better work accomplished for the great work of race betterment which is only just begun. In this field is the greatest opportunity for essential usefulness which the world affords.

In the foregoing quotation, the modesty of the editor causes him to omit the details, the disappointments, the ridicule, the criticisms that were directed toward him. Undismayed, faithful, loyal to the vision and work to which he directed his labors he won the crown of eminent success and for which he now receives the accorded tributes which such labor and perseverance merit.

The Journal extends to Dr. Kellogg heartiest

congratulations. It assures him that we are not unappreciative of all that he has wrought. That which he has accomplished entitles the average man to rest upon his laurels, but not so Dr. Kellogg, for his very nature, his very spirit, his clear vision of much still to be done beckons him on and the laurels he has earned would pale, cause discontentment to him were he now to desist. We are indeed grateful that he purposes to continue and in doing so we tender our sincerest good wishes. We have the assurance that the next decade will witness his achievement of still greater tasks that will exert most valuable influences upon the betterment of the human race. Our interest in that effort will be attended with our most sympathetic approval and genuine commendation. We shall ever be proud to accord him honor. We shall ever fervently hope that his ambitions will be fully realized.

Editorial Comments

The governor of Maine vetoed the Sheppard-Towner bill that was passed by the Maine legislature. The New York legislature declined to again pass the bill. No action, at this writing, has been taken by the Illinois legislature.

At the time that this is written, the middle of May, there are still a few vacancies on the Golf Special for San Francisco and the A. M. A. meeting. Wire us, and if not taken, we will be glad to arrange for a last minute reservation. The train leaves Chicago on June 16th and reaches San Francisco June 23rd.

It is reported that recently in Paris, a few Americans opened a Christian Science healing establishment and within a few hours the police closed its doors. There, at least, no one can treat the sick without a medical education. In America it is different. There is no country where health is exploited as it is here and solely for commercial purposes. Any freak with a beard and a gift of gab seems to appeal to the people. Any fad can be put across and collect.

Again our correspondence column contains interesting communications. As stated in our last issue, this is the profession's open forum for the discussion of views, recommendations and desires, by our members, relating to the activities and problems of the profession. As we give expression to our opinions and reveal our thoughts concerted action and acceptable policies will be formulated and instituted. We are therefore urging greater use of and interest in this open forum.

Nothing is so unfortunate as to attempt a surgical operation upon the individual of the neuropathic type unless absolute pathology and absolute clinical data are in positive evidence. In their absence, operations upon this type of an individual, who has all sorts of real and imaginary symptoms, are futile and do more harm than good. One advising operative work in these cases has a lack of discrimination, is without experience or is an unconscionable pot-hunter who will operate on anything or anybody. Such an individual has no place on the staff of any

hospital nor should he be accorded hospital privileges.

Just for comparison sake, and probably as a cause for gratefulness, we impart a few of the professional fees received by doctors in France for their services. In making comparison it should be remembered that the present exchange rate values the franc at seven cents in U. S. coin. Office calls, 7; house calls, 8; assistants at major operation, 50; lumbar puncture, 40; puncture of pleura with injection of nitrogen gas, 200; dressings, office, 15; opening abscess, 20; burns, 15 to 100; nerve suture, 400; Colles fracture, 80; Potts fracture, 150; fractured femur, 150; dislocated shoulder, 75; amputation of arm, 300; trephining, 200 to 600; laparotomy, 600; hernia, 350.

Hygeia cannot help but become the greatest health magazine in the world. It is bound to convey to the people that information that they should possess in regard to health, disease and scientific medicine. It will enlighten the people in regard to what the profession is and can do for them. In doing so it will reveal the untenable principles of the various cults. This enlightenment of the people is what the profession desires. To accomplish it it is imperative that Hygeia be given wide circulation. Doctors can greatly aid in securing wide distribution. Miniature reproductions of the magazine have been made and will be sent to any doctor in quantities from 100 to 1,000 without charge. We suggest that you send for a supply and this month as you send out your bills to patients, enclose one of these miniature reproductions—it will fit an ordinary sized envelope. We urge that you write to Hygeia, care American Medical Association, 535 N. Dearborn street, Chicago, secure a goodly number of miniature copies and distribute them in this manner among your patients. Hygeia must be brought to the public's attention and you can render valued assistance by following the above suggestion. Write today.

Dr. W. S. Rankin of Raleigh, N. C., in participating in a symposium at the recent conference in Chicago makes some interesting statements when discussing the subject of organization of the public for co-operation with the medical profession from the standpoint of the health officer. We would be inclined to construe his remarks as an effort to justify some of the activities and schemations that characterize the work of many public health officials in an endeavor to assume the position of dictatorship as to the relationship that the doctors shall hold in regard to the public and the practice of their profession. Dr. Rankin states that the health officer holds the strategic position for observing the relation of the public and the profession. That is what we have been maintaining and that is what we criticize—the assumption that the health officer is the supreme judge of what is and what should be. In doing so or holding out to do so we assert that the health officer is over-stepping his bounds and trespassing upon the rights of the profession.

Dr. Rankin, from his strategic position, claims to see the thousands and millions of individuals receiving improper obstetrical care, the un-supervised prenatal care, the abortions, the millions of diarrhoea and enteritis, hundreds of thousands of communicable diseases, the four million under-nourished school children, the million common defects, fifteen million dental defects, the two million venereals, etc. His vision is all in the millions and with it the great opportunity of the health officer. And Dr. Rankin concludes that the solution is "social action." We are not far amiss then when we conclude that

socialized medicine is the end that is being stealthily sought by health officers. That is what we have been warning against and that is why we protest some of these health officers' studied efforts to bring about that state of affairs.

We have stated what the scope and activity of our health officials should be and that the limits of activity should be confined to those bounds. If that work is to arduous and limited we would suggest that they re-focus their vision and bring under their supervision and concern the millions of unsanitary toilets, wash rooms, barber shops and public conveyances. Let them visualize the millions of unsanitary restaurants and unclean cooks and waiters in these restaurants. Let them scrutinize the thousands of foul and unsanitary pool-rooms, movies, theatres, street cars and day coaches, as well as rooming houses. Let them concern themselves with the unsanitary conditions in many of our jails and public institutions. Let them clean up many of our slaughter houses, meat markets and soda fountains. Then if they have any idle time on their hands let them concern themselves with the better care of those cases of diphtheria, scarlet fever and measles and actually do something to prevent, by reason of study and investigations, many of the complications that attend these diseases. We would be interested to learn if the reason why they hold themselves aloof from such indicated health work is because they fear the business man and the business interests? At any rate there is a field that calls for official health work and it is being neglected.

If these health officials will concern themselves with that work, the profession in the meanwhile will undertake the solution of the problem of the doctor's relation to the public without their health official interference or attempt to dominate. That the profession is already active in doing so is manifested by the statements made by Dr. Frank Billings in the same symposium and in which he enumerates medical education, hospital standards, post-graduate instruction, council of pharmacy, pure food bill, council of health, legislative bureau, practice acts, Hygeia, standard blanks for physical health examinations, etc., all of which is being undertaken by our A. M. A. and its component state units.

Let the health officers cease their criticism and condemnation of doctors, though there may be some that need damning, and let them clean their own yards before jumping over the fence. And let the doctors manifest more interest and zeal in their professional labors to the end that with their co-operation we may firmly establish that relationship which we should hold to the public. Organized medicine will advise health officials when they desire them to take over medical leadership.

Correspondence

The Editor of the Journal of the Michigan State Medical Society:

President Burton has asked me to give you the action of the Board of Regents in answer to your letter of April 19. The record of the Regents' meeting of February 23 shows the following:

"Regent Sawyer read certain resolutions appearing in a recent issue of the Journal of the Michigan State Medical Society with respect to the relationship between the University Hospital and the Faculty of the Medical School. On motion of Regent Murfin, the president was requested to appoint a committee of three Regents to investigate the subject and to report when the committee should reach a conclusion embodying a recommendation."

On March 7, the president appointed the following Regents as such committee:
 Regent Walter H. Sawyer, Hillsdale, Michigan;
 Regent William L. Clements, Bay City, Michigan;
 Regent James O. Murfin, Detroit, Michigan.

This committee has the matter under consideration and will doubtless report in due course.

In the meantime, with cordial greetings, believe me.

Yours very truly,
 Shirley W. Smith, Secretary.

The Editor of the Journal of the Michigan State Medical Society:

A few weeks ago at the Wayne County Medical Society meeting I gave an anatomical demonstration of the thyroid gland and its relations with an explanation of the significance of those relations and their connections.

Since then I have been urged by a number of the members of our Society to prepare those facts and have them published. I am therefore enclosing a brief outline of the anatomical and physiological explanation of the signs and symptoms found in exophthalmos. If you can see fit to give these few lines a place in the Journal the courtesy will be appreciated.

While writing I might say that we are still receiving inquiries from members of the profession over the state concerning post graduate work. During June and July we will offer practical courses in all the subjects of practical and surgical anatomy. If you care to announce this fact as a news item it may interest some of our members.

Yours very fraternally,
 C. F. McClintic, M. D.
 Director of the Department of Anatomy.

The Editor of the Journal of the Michigan State Medical Society:

In response to your letter of March 9th relative to the attitude of the department in regard to the treatment of venereal disease, the department insists that all cases of active venereal diseases shall be under treatment and that they shall so conduct themselves as not to be a menace to others.

Quarantine is occasionally resorted to, but is not often necessary.

When a case is reported to this department, if the physician states that the case is under treatment and that the source of infection is under treatment, no action is taken by the department, but at the physician's request, either the patient or the source of infection is traced up and put under treatment locally if such action seems warranted. As soon as the case is under the care of a physician, the department takes no action.

The appropriation for the hospitalization of venereally infected persons at state expense was discontinued on July 1st, 1921, but hospitalization has been continued in a great many cases at the expense of the county through the action of the probate court. Counties are accepting this responsibility in a great many cases, and the department sees no reason why they should not take the same care of their venereally infected cases as other communicable diseases.

The department has met with good co-operation on the part of local authorities, and where persons are unable to pay for treatment, arrangements can usually be made through the local authorities for the treatment of patients at the expense of the county or city, as the case may be. In indigent cases the department is glad to furnish Neo-Arsphenamine for treatment, provided arrangements are made locally to pay the physician for administration.

If there is any other information I can give you, I will be glad to be advised.

Very truly yours,
 R. M. Olin, M. D., Commissioner.

COPY

April 5, 1923.

Frank A. Kelly, M. D.,
 Detroit, Michigan.

Dear Doctor:

Your telegram of the 4th instant received as well as the other communications I have received from you in the last few days.

I have no fault to find with anything that I have seen that came from your hands but from other Wayne County sources there seems to have been a deliberate attempt made to belittle the efforts of the Legislative Committee of the State Society. Statements have also been made over the signature of Dr. Seeley that the State Society Committee was not doing anything, and I have seen a letter from Dr. Harrison to the same effect, in which he quoted the members of the Senate Committee on Health as stating that no activity had been indulged in so far as they knew by our Legislative Committee. Inasmuch as I had on several occasions met with the Senate Committee on Health in company with members of our Legislative Committee, I wrote Dr. Harrison that I doubted if the statements he quoted had ever been made by members of the Senate Committee. I enclose a copy of a letter on that subject from the chairman of the Senate Committee. Dr. Bohn.

In the first place our Legislative Committee met in Lansing on the 6th of December and outlined a policy of procedure. In the first instance they made out a list of men they thought would be desirable upon the Health Committee of the Senate and House and commenced pulling lines to bring about these appointments. They succeeded fully in the Senate Committee, not so well with the House. Senator Bohn's letter is sufficiently explicit to illustrate what has been done in co-operation with the Senate Committee. We did not think it best to employ a brass band and make a great deal of noise, and I will say now that the efforts of the Wayne County Committee on the whole have been damaging rather than helpful. The silly resolutions you had adopted by your Council in January have done more to injure the reputation of the medical profession than any other one thing that has happened. You have very arrogantly assumed that your ideas as to how State Department of Health should operate represented the policy of the State Medical Society. I think that is far from being on the truth. The Sheppard-Towner bill was evidently taken by you as an excuse for a general attack all along the line of Public Health activities. That policy, if it really represented the attitude of the medical profession would be a disastrous one so far as our relations with the public is concerned. Fortunately you do not represent the attitude of the state profession, very far from it. You have gotten up by your attitude a good deal of factional feeling which will undoubtedly do a great deal of harm, and if you persist in your activities I fear that you will arouse the antagonism of the Senate Committee on Health, in whose friendly co-operation we depend principally for the defeat of the chiropractic bill.

The medical profession has no standing among the members of the legislature, thanks to the activities you have been somewhat concerned in provoking.

In association with the secretary, I sent the communications to the officers of all County Societies urging them to get in contact with the members of the legislature from their districts. It seemed

to me that that was all that it was necessary to do, when we understood the position of the Senate Committee on Health.

There has apparently been more desire on the part of yourself and your committee and some members of the council to bring discredit upon the Legislative Committee of the State Society and upon the present administration of the State Society than there has been to defeat adverse medical legislation.

Very truly yours,
(Signed) W. T. Dodge,
President, Michigan State Medical Society.

REPLY

April 7, 1923.

W. T. Dodge,
President of State Medical Society,
Big Rapids, Michigan.

Dear Sir:

I am in receipt of your letter of the 5th instant, also copy of your letter of 2nd instant to Dr. Harrison, and a copy of the last issue of the State Medical Journal.

If I were looking for notoriety instead of results I should be flattered by the attention you have given me, as it is however, I am trying only to carry out the orders of my superiors in the Society, and if you and your Legislative Committee were doing the same there never would have been cause for any complaint of my activities.

I was appointed chairman of the W. C. M. S. Legislative Committee and soon afterward had the Sheppard-Towner bill referred to me for investigation. I investigated it as did some of my committee and considered it, as we still do, a vicious piece of legislation.

I immediately got in touch with Dr. Hume, and later with yourself, with the result that you are aware of. I reported back to the Wayne County Council and they instructed me to use my efforts to defeat the bill, and this I certainly have done, and will continue to do until it is finally passed or defeated.

The only thing that I regret in the whole matter is the alleged resolutions that were printed in the Wayne County Bulletin, and no one can regret more than I, that such a thing happened, as a simple matter of fact they were NOT resolutions at all, as I have repeatedly explained, and which I will again explain to you. In your letter of December 21st to me, you stated the medical profession had been advocating increased public health activities, the establishment of full time county health officers and that public health activities had always increased the practice of physicians.

To these statements I could not subscribe and I intended to take issue with you on those points at the first opportunity, and as I did not desire to find my own unsupported opinion against yours, I waited until the council had adjourned and asked some of the remaining members the above questions. These questions were asked only for my own personal satisfaction, and guidance and the answers were substantially as printed. They did not as had been intimated, object to public health work, but did object to INCREASED public health work, EXCEPT as it was concerned with contagious diseases, and diseases dangerous to the public health.

The question of your statement that public health work had always increased physicians' business was next taken up and it was the opinion of those present that it had not increased business, notwithstanding the fact that we had always been in favor of public health work in general.

At that time however, it was conceded that activities such as the Sheppard-Towner bill contem-

plated, would probably increase the practice of physicians in the localities where it became operative, but the possibility of increased practice did not change their attitude upon opposing the bill.

So you see, that quite the contrary sentiments were expressed than the ones that you and others seem to infer, i. e. That we had favored public health work in general though it had not increased our practice but had actually hurt it, and we were opposed to the Sheppard-Towner bill, though it was thought it would actually help practice.

The full time county health office question was answered as reported. Now, as stated above, these were not the deliberations of the Council, nor of any body of men in session, but of some representative doctors AFTER adjournment, simply expressing their private opinions in answer to my queries. I did not note that a stenographer was present, and this fact, together with the fact that the Council had adjourned, and also the fact that our Bulletin editor was unfortunately out of town, and the notes were written up and published without any one's knowledge.

This combination of circumstances was most unfortunate, and probably could not happen again in a life time.

However much I regret their being published, I can see nothing vicious about them, except as some people have tried to twist them about, to try and show that the medical profession is selfish by alleging that we opposed P. H. work because it did not increase our practice. This is not true, and no fair minded man could possibly put any such construction upon them, even without any explanation, and I include yourself in the above, for your article in the last state Journal states, "If the idea of the medical profession is to be that outlined by the Council of the W. C. M. S. I care not how soon it is disrupted or how soon it is overwhelmed with the disdain it is entitled to meet at the hands of the public."

You had better read those alleged resolutions again Doctor, and see if you can find what in them is so eternally damning to us all.

Frankly your sentiments above expressed are wonderful if there was any possible excuse for them, but there is not.

In the last issue of the Journal you make an apparently earnest appeal for unity and co-operation in the Society, and direct the rest of your article to attacking and ridiculing every one who has shown any opposition to you and thus you have shown that the only way possible for UNITY, is for every one to bow to you and you only, as the only source of knowledge and opinion. Again I repeat, a wonderful scheme if it will only work. "THE KING CAN DO NO WRONG."

The By-Laws of the State Society are very explicit in stating that the Council is the governing body under certain circumstances; they are also explicit in their rules as to the number required for a quorum.

This Council at Ann Arbor passed some very definite resolutions and gave some very definite instructions which you and Dr. Hume have seen fit to ignore and go counter to. Since when has it become the prerogative of the president to chose what By-Laws and orders he shall obey and which he shall ignore?

You have brought about a condition yourself, that would be impossible, I think, in any other than a medical society, and have, I believe established a dangerous precedent. In your letter to me of April 5th, you say "You have arrogantly assumed that your ideas as to how the State Department of Health should operate represented the policy of the State Medical Society."

I submit that the above is a pure fabrication and has absolutely no basis in fact. I do not know nor ever have intimated how a State Department of Health should operate, and you have neither facts nor figures to prove one word of truth to the above assertion. I am not "arrogant" in the matter and have not "assumed" anything. I have simply been carrying out to the best of my ability, the orders of my superiors, and if you were in the same laudable enterprise, there would be no factions in Medical Society legislation. You further state that I have taken the Sheppard-Towner bill "as an excuse for an attack all along the line on Public Health Activities."

I submit again that there is not one iota of truth in that statement of yours. It is simply another wild statement and has no basis in fact.

As a matter of fact, I have complimented the State Health Department upon most of their activities and some weeks ago in an interview in the Detroit papers stated in re the Sheppard-Towner bill, our own State Department of Health was already carrying out this program and doing it very well without federal interference. I have further stated both in the senate hearing and at other times that we were NOT opposed to the THINGS provided by the S. T. bill, but were opposed to the proposed federal control, etc. You state that you fear we will arouse the antagonism of the Senate Committee upon whom we depend for co-operation.

That would be regrettable indeed, but we very vividly remember the assurances that we had two years ago from the Senate Committee and suddenly found ourselves facing the grave situation in which a vicious piece of legislation, in spite of all assurances to the contrary, had been brought out and passed and was up to the Governor, who got busy then and accomplished defeat of bill.

Now, while we have the utmost confidence and faith in Dr. Bohn, and greatly appreciate his good offices in our behalf, we felt that if we could get favorable sentiment created among other senators, it would make his task easier and surer.

Furthermore, your letter to me was the first intimation that I have ever had that our assistance was not wanted, in fact, Dr. Bohn very distinctly requested of me that I use my influence with certain senators in regard to these matters, and in fact accompanied me forthwith in the senate chamber to interview a senator on the subject, I should hardly consider that as arrogance nor interference.

Your statement that "the medical profession has no standing among the members of the legislature, thanks to the activities you have been somewhat concerned in provoking," is another of your statements without foundation in fact and I repeat, if you and your Legislative Committee were carrying out orders, as I am, there would be no cause for discord.

I shall close with quoting to you (with only a change in names) the last paragraph of your letter to me. There has apparently been more desire on the part of yourself and your Committee on Legislation to bring discredit upon the W. C. M. S. and its Legislation Committee than there has to defeat adverse legislation.

We have constantly tried to aid the State Society in its administration, and at no time have we heard anyone trying to tear down or disrupt that organization, and as to the members of my Advisory Committee, namely—Harrison, Kennedy and McLean, I repeatedly heard each and all of them make pleas for harmony, and organized co-operation to obtain the best results, not only for the profession but for the people of the state, and you do those gentlemen a great injustice when you by word or innuendo, suggest otherwise.

Very truly yours,
Frank A. Kelly.

Deaths

Dr. W. E. Newark of Charlotte, died May 5, 1923. He was born in Brokville, Ontario, September 11, 1861, and obtained his medical training in Olivet College and the Toledo College of Medicine.

State News Notes

COLLECTIONS

Physicians' Bills and Hospital Accounts collected anywhere in Michigan. H. C. VanAken, Lawyer, 309 Post Building, Battle Creek, Michigan. Reference any Bank in Battle Creek.

WANTED

A good Doctor for a village of about 350 population with good surrounding territory. A hustler can run around \$4500 or \$5000 per year. For further particulars enquire of Lum Exchange Bank, Lum, Michigan.

FOR SALE—Practice in Michigan town of 2,500, fifty miles from Detroit; all improved roads, rich farming section. Large territory. Collections good. Practice good for from \$6,000 to \$10,000 per year. Nine-room house, practically new full basement, steam heated, electric lights, hard and soft water plumbing. Large lot, fine two car garage. Will sell home and equipment for \$7,000. Will give practice gratis. Will introduce, if desired.

Address Practice, Care Journal.

Dr. Louis Barth of Grand Rapids sailed for Europe May 20th.

Governor Baxter of Maine vetoed the Sheppard-Towner law.

Dr. Aldrich will spend a short vacation in Chicago, Flint and Ann Arbor, soon.

Dr. and Mrs. George C. Chene of Detroit spent the month of March in Florida.

The senate of Vermont refused to adopt a resolution to accept the Sheppard-Towner law.

Dr. West has returned to his work at Painesdale after a short vacation in the south.

The Detroit Diagnostic Hospital opened its doors the latter part of April, 1923.

Dr. Max Ballin resigned April, 1923, as a member of the Detroit Welfare Commission.

Dr. Charles Oakman returned to Detroit the first part of May from a trip to Florida and Cuba.

Dr. Kneece has been appointed resident house surgeon for Butterworth Hospital, Grand Rapids.

Dr. C. G. Jennings read a paper on "Transient Paralysis" before the Detroit Academy of Medicine, May 8, 1923.

Grace Hospital, Detroit, was given \$2,000 in the will of Mrs. I. K. Moore, which was filed for probate May 7, 1923.

The construction of the \$1,237,988 University of Colorado School of Medicine and Hospital in Denver has begun.

Furnishings from the home of the late Dr. W. S.

Halstead have been installed in the chief surgeon's office at Johns Hopkins Hospital.

Henry F. Vaughan of Detroit, spoke before the Ontario Health Officers' Association in Toronto, May 21, 1923.

At the annual meeting of the staff of Mercy Hospital, Bay City, Dr. J. W. Hauxhurst was elected chief of staff.

Dr. H. W. Plaggemeyer read a paper on "The History of Urology" before the Detroit Medical Club, April 26, 1923.

Dr. and Mrs. Carl Bonning and Miss Bonning returned to Detroit, May 1, 1923, after spending the winter in California.

Dr. P. D. Bourland will leave for abroad June 6th and while away will do post graduate and research work.

Dr. Ray Connor read a paper on "John Cunningham Saunders" before the Detroit Ophthalmological Club, May 2, 1923.

Dr. F. E. Bunts, Professor of Surgery at Western Reserve University, held a clinic at Providence Hospital, Detroit, May 8, 1923.

Dr. N. M. Allen read a paper on "The Choice of Anesthesia in Major Operations" before the Detroit Academy of Medicine, April 24, 1923.

Dr. W. R. Chittick returned to Detroit May 1, 1923, after spending the winter in California, Hawaiian Islands and Philippine Islands.

Dr. John McLurg of Bay City, Councillor of the 10th district, has been confined to his home for several weeks with a serious illness.

During 1922 the Michigan State Board of Registration in Medicine registered 119 physicians by examination and 83 by reciprocity (202).

Dr. Hugh Cabot of Ann Arbor, read a paper on "Renal and Bladder Calculi" before the Western Ontario Academy of Medicine, May 25, 1923.

The Detroit Otolaryngological Society met in Ann Arbor, April 25, 1923. The meeting was in charge of Doctors Canfield, Hickey and Furstenburg.

Building "E" of the Eloise Asylum, Wayne County, was completely destroyed by fire in April, 1923. Two women inmates were burned to death.

Sufficient funds (\$2,000,000) to place the Henry Phipps Psychiatric Clinic of Johns Hopkins Medical School on a full time basis are practically at hand.

Dr. R. C. Andries was elected chairman and Dr. H. F. Dibble, secretary of the Surgical Section of the Wayne County Medical Society, April 23, 1923.

Doctors Jay and Abrams of Calumet and Dr. Manther of Lake Linden and Dr. Scott of Houghton, have been visiting in Chicago and Ann Arbor this month.

The entertainment committee staged a "Fistic Carnival" for the members of the Wayne County Medical Society, April 30, 1923. A lunch followed this entertainment.

Dr. J. A. Kimzey of Detroit has been appointed an umpire in the Western Conference for 1923. He umpired his first game (Ohio State-Michigan), April 28, 1923.

Dr. B. Friedlaender read a paper on "Blood Sedimentation as an Aid to Diagnosis in Surgical Cases" before the Detroit East Side Physicians' Association, April 5, 1923.

The National Health Exposition Association in connection with the Wayne County Medical Society and others, will hold a Health Exposition in Detroit, June 7-16, 1923.

Hospital Day was celebrated in Grand Rapids by Butterworth and St. Mary's Hospitals, keeping open house and presenting to the visitors the hospital facilities and needs.

Dr. B. C. Lockwood of Detroit was elected a member of the board of directors of the American Congress on Internal Medicine at its last meeting, held in Philadelphia, April 2-7, 1923.

Dr. G. VanAmber Brown of Detroit read a paper on "The Incidence of Fetal Maldevelopment and Its Relation to Kidney Pathology" before the Kalamazoo Academy of Medicine on May 8th.

Dr. and Mrs. H. N. Torrey and family returned to their home in Grosse Pointe, April 29, 1923. They spent the winter on their yacht, "Tamarack," in Florida, Nassau and Havana waters.

The Michigan Health Exposition elected Dr. W. M. Donald, president; Dr. R. A. Wollenberg, general chairman; and Dr. G. P. McNaughton, secretary, at a meeting held in Detroit, April 23, 1923.

At the annual congress of the Ophthalmological Society of the United Kingdom, held in London April 26-30, 1923, Dr. George E. de Schweinitz of Philadelphia was elected an honorary member.

Mr. Irving S. Paul gave a talk before the Wayne County Medical Society, on "Where the Consumer's Dollar Goes," April 16, 1923. Mr. Paul is regarded as one of the leading analysts of this country.

Dr. F. C. Witter read a paper on "Retro-Peritoneal Sarcoma" and Dr. A. D. LaFerte also read a paper on "Treatment of the Commoner Fractures" before the Academy of Surgery of Detroit, April 13, 1923.

Dr. Ray Connor of Detroit, was elected vice president (chairman of middle section) of the American Laryngological, Rhinological and Otological Society at its annual meeting, held in Atlantic City, May 10-21, 1923.

The Michigan Trudeau Society elected the following officers for the coming year: President, Dr. B. A. Sheppard of Kalamazoo; vice president, Dr. J. W. Toan of Howell; secretary-treasurer, Dr. W. H. Marshall of Flint.

A survey was made of children in the public schools of Grand Rapids to determine the incidence of goitre among the male and female pupils. The result of the survey and a comprehensive study will be published in the near future.

Dr. W. J. Wilson read a paper on "Angina Pectoris;" Dr. W. M. Donald gave the Literature Presentation, and Dr. C. G. Jennings gave the Case Pre-

sentation before the Detroit Society of Internal Medicine, May 1, 1923.

The following Detroit physicians attended the twenty-ninth annual meeting of the American Laryngological, Rhinological and Otological Society, held in Atlantic City May 10-12, 1923: Doctors Ray Connor, Garretson, Hartz, Robb and Shurly.

The New York Academy of Medicine raised, by a drive, \$317,711.05, thus securing \$1,000,000 from the Rockefeller Foundation and \$1,000,000 from the Carnegie Foundation. The Academy will have a magnificent new home as the result of the above.

The funeral of the late Dr. Lawbaugh was held from the family residence at Larium, May 4th. Two-thirds of this Society, also friends from other societies, dropped flowers on the casket of the departed, in token of respect to him and his family.

The following officers were elected at the annual meeting of the Association of American Physicians, held in Atlantic City, May 1-3, 1923: President, Dr. C. F. Martin of Montreal; vice president, Dr. L. A. Conner of New York; secretary, Dr. Thomas McCrae of Philadelphia, and treasurer, Dr. J. A. Capps of Chicago.

The twenty-ninth annual meeting of the American Laryngological, Rhinological and Otological Society was held in Atlantic City May 10, 1923. Dr. B. R. Shurly of Detroit is a member of the Council. Doctors Don M. Campbell, Ray Connor, H. J. Hartz, B. R. Shurly, all of Detroit, and Dr. R. N. Colver of Battle Creek, are members.

Every physician in Cadott, Wisconsin, refused to sign the death certificate of Sanford Richard, who died April 4, 1923, while under the care of L. E. Laramy, (chiropractor). The coroner's autopsy showed that Richard had died of pulmonary hemorrhage.

At the recent annual meeting of the Detroit branch of the American Urological Association, held at Battle Creek, May 1, 1923, the following officers were elected: Dr. W. E. Keane, president; Dr. W. F. Martin, vice president; Dr. H. L. Morris, secretary-treasurer.

There were over 870 children entered in the 58 nutrition classes in Detroit during the past term (November-February). In the opinion of the health department nurses in charge of these classes, 65 per cent of the children were in better general health at the end of the class; 34 per cent were unchanged, and about 1 per cent were worse.

At the annual meeting of the Congress on Internal Medicine, held in Philadelphia, April, 1923, the following officers were elected: President, Dr. Elsworth Smith of St. Louis; vice presidents, Doctors E. J. Beardsley of Philadelphia and W. C. MacCarty of Rochester, Minn.; treasurer, Dr. C. R. Jones of Pittsburgh; secretary, Dr. Frank Smithies of Chicago.

At the annual meeting of the American College of Physicians, held in Philadelphia April 6-7, 1923, the following officers were elected: President, Dr. Harlow Brooks of New York; vice presidents, Doctors A. S. Warthin of Ann Arbor and J. H. Elliot of Toronto; treasurer, Dr. C. R. Jones of Pittsburgh; secretary, Dr. Frank Smithies of Chicago.

On March 12, 1923, the Board of Councilors of the Los Angeles County Medical Association passed the

following resolution: "It shall be the sense of the Council that Abram's method of diagnosis is a fraud. Any physician practicing this method is ineligible to membership. If a member, he shall immediately cease this method of practice or charges of unethical conduct shall be preferred against him."

Dr. Charles Lakoff (resident surgeon of Detroit Receiving Hospital) showed a number of cases of dislocation of the semi-lunar bones with X-ray plates and also plates of cases operated by Dr. Lorenz (demonstrating the types of operation and the results obtained) before the Detroit X-Ray and Radium Society, April 18, 1923.

County Society News

HOUGHTON COUNTY

The following from Houghton County might be interesting.

The County Medical Society met May 7th in regular monthly session.

Clinical cases are always presented first as a part of the program.

Dr. Reese told of two cases of poisoning, one from bichloride and wood alcohol, and one from carbolic acid—both of which resulted fatally. Several cases of encephalitis were reported—some of and some not of the lethargic type. Some cases of severe grippe or encephalitic conditions with deplopia were reported by Dr. Wilson.

Dr. Stern read a paper on Hay Fever and included his personal experiences and the specific pollen treatment of the same.

Dr. Fischer read a paper on his early experiences as a physician at the Quincy mine.

Dr. J. E. Scallon, who has lately returned from wintering in Florida, discussed the latter paper, and also told of some of his experiences with the older physicians of the Copper Country. 'Twas the best ever.

C. E. Rowe, Secretary.

BAY COUNTY

The Bay County Medical Society has recently held two clinical meetings.

Monday evening, April 23rd, Dr. Jamieson, Professor of Dermatology at the Detroit College of Medicine, conducted a Dermatological clinic and gave an illustrated talk on skin diseases at the Grotto club.

May 14th, Dr. Alfred Laferte, Jr., of Detroit, conducted an operative orthopedic clinic at Mercy Hospital, Bay City. In the evening of the same day he addressed the Medical Society on the subject of "Fractures" at the Country Club.

L. Fernald Foster, Secretary.

OAKLAND COUNTY

The regular meeting of the Oakland County Medical Society of March 14th was postponed on account of the very bad weather and the worse roads.

The regular meeting held at the Board of Commerce, Pontiac, March 28th was well attended, and the paper of the evening on "Fractures," by Dr. Leroy Abbott, of the University of Michigan, was intensely interesting and exceedingly instructive. Discussion was opened to the entire membership.

No business was done at this meeting.

A regular meeting was held in the Arbor Hotel, Birmingham, April 11th. This was a rather unique meeting, inasmuch as the meeting was confined to listening to a Layman tell us what the Lay public thinks of the physician.

This was perhaps the best meeting in point of

attendance we have had this year, all the boys getting out for the argument.

Mr. Lee A. White of the Detroit News staff, being particularly endowed with an excess of literary ability, together with a rather uncanny knowledge of the Medic, was able to present a very interesting picture to us of the physician in all his shortcomings. If any one was in doubt as to what the public thought of the physician, before hearing Mr. White, he was set straight that night.

There was some discussion by the members present, and exceptions to some of his statements. On the whole it was a very healthy and instructive talk. Surely there was food for thought in many of his remarks.

Frederick A. Baker, Secretary.

HILLSDALE COUNTY

The regular quarterly meeting of the Hillsdale County Medical Society was held at the Court House on Tuesday, April 17th, the president, Dr. C. T. Bower, in the chair.

After the reading of the minutes of the annual meeting, the president introduced Dr. A. E. McGregor of Battle Creek, who gave a most interesting and comprehensive paper on "The Diagnosis, Medical and Surgical Treatment of Goitre." It is difficult to see how more valuable and interesting matter on this important subject could be given in so small a space than was done by Dr. McGregor. The discussion was opened by Dr. Bell of Reading, followed by general and interesting discussion. At the close of the discussion Dr. McGregor was tendered a vote of thanks by the Society for his very valuable paper.

The Society then passed to the consideration of the maternity or Sheppard-Towner bill and other pending legislation, which was led by Dr. Sawyer of Hillsdale and very generally discussed. While the Society was as a whole skeptical as to the good that is likely to be done to mothers and children under that law, they were unwilling to go on record as opposing it under the present presentation of the matter to the public, because they felt that it would seem that they were opposing it for selfish reasons, which is contrary to the whole history of the best element of the profession and absolutely untrue in this case.

In regard to the chiropractic bill, also, it was felt that having done our best to defeat that bill, it would be useless to take up more time opposing it at present, as here also, the chiropractors are posing as being "persecuted for righteousness sake" and enlisting the active sympathy and support of the laity for their cult and it seems likely that the bill will pass in spite of or possibly because of, the latters and telegrams of protest received from the physicians all over the state. No official action therefore, was taken by the Society on the subject.

The name of Dr. Fred B. Fisk of Jonesville, recommended by Dr. W. H. Ditmars was presented for membership. Dr. Fisk was received into the Society by a unanimous vote.

There being no more business to come before the Society a motion to adjourn was made and carried.

D. W. Fenton, Secretary-Treasurer.

JOINT COMMITTEE ON PUBLIC HEALTH EDUCATION OFFICIAL MINUTES

Meeting of the Joint Committee April 17, 1923
Pursuant to call, the Joint Committee on Public Health Education held a meeting in Detroit on April 17, 1923, at 6 p. m., D. A. C. There were

present at this meeting the following members of the Joint Committee: Doctors Dodge, Cabot, McLean, Biddle, DuBois, Frothingham, Kay, Huber, Henderson and Cook. Dr. Cook, secretary of the State Dental Society, appeared as representative for Dr. James H. Taylor of Flint, president of the State Dental Society.

In the absence of Dr. M. L. Burton, chairman of the Joint Committee who was called to Lansing on official business, Dr. Dodge of Big Rapids was chosen as temporary chairman of the meeting. The following items of business were transacted:

1. The resignation of Dr. F. C. Warnshuis of Grand Rapids as secretary of the Joint Committee was presented and accepted. W. D. Henderson, Director of the Extension Division of the University of Michigan was appointed secretary of the Joint Committee.

2. Report of the special committee consisting of Doctors Lodge, Cabot and Warnshuis, appointed to consider the question of inviting other organizations to affiliate with and to have representation upon the Joint Committee. This committee was continued, with instructions to report at the next meeting of the Joint Committee. Dr. DuBois of Grand Rapids was selected to act on the committee in the place of Dr. Warnshuis.

3. Report relative to the proposed plan of giving health lectures in the normal schools and colleges of the state. Professor Henderson reported for Dr. Burton that a meeting of the presidents of the Normal Schools and Colleges of the state was held in Ann Arbor on January 18, and that at this meeting tentative plans were made for the assignment of health education lectures next year, these lectures to be given under the auspices of the various Normal Schools and Colleges of the state. It was agreed that details with reference to this phase of the state-wide health program should be carried on through the Extension Division with the understanding that a report of this work be made at the next meeting of the Joint Committee.

4. Report of health lectures given throughout the state, 1922-23. Dr. Henderson, Director of the University Extension Division, reported that a total of 196 health lectures had been assigned to the various centers throughout the state, 154 of these lectures being assigned through the University Extension Division and 42 under the auspices of the Wayne County Medical Society. Number of members of the Health Education Staff assigned to give these health lectures, 71. Average attendance upon health lectures given outside of Detroit, 110; average attendance upon health lectures given in Detroit, 260. Total attendance upon health lectures, 1922-23, 26,000.

5. Health Bulletins. Dr. Henderson reported that the new Health Education Bulletin was now on the press and would be ready for distribution within a short time.

6. Distribution of Reports and Bulletins. The secretary of the Joint Committee was instructed to send to all the physicians of the state a brief report of the work of the Joint Committee for 1922-23, including a copy of the new Health Education Bulletin.

7. Next Meeting of the Joint Committee. It was agreed that the next meeting of the Joint Committee on Public Health Education should be held in Ann Arbor on Monday, October 8, 1923. It was further tentatively agreed that with reference to future meetings it would be desirable to hold three meetings of the Joint Committee each year, one meeting to be held at Ann Arbor, one in Detroit, and one at some center in the state, to be selected.

8. Meeting adjourned.

William D. Henderson,
Secretary, Joint Committee on Health Education.

Book Reviews

CLINICS AND COLLECTED PAPERS OF ST. ELIZABETH'S HOSPITAL, Richmond, Va., 1922. Contributed by the Staff. Cloth. 560 pp. C. V. Mosby Co., St. Louis.

Contains some well written articles on hospital cases and case studies.

COLLECTED PAPERS FROM WASHINGTON UNIVERSITY SCHOOL OF MEDICINE. Cloth. 1072 pp. Price \$12.00. C. V. Mosby Co., St. Louis.

Contains valued contributions to our medical literature from recognized authorities. A splendid collection.

THE MEDICAL CLINICS OF NORTH AMERICA (Ann Arbor Number). (Issued Serially, one number every other month). Volume VI Number 5, March, 1923. By Ann Arbor Internists. Octavo of 273 pages and 22 illustrations. Per clinic year (July, 1922 to May, 1923). Paper \$12.00; Cloth, \$16.00 net. Philadelphia and London: W. B. Saunders Company.

This number is of particular interest because it is the Ann Arbor number. Its contributors are representative members of the medical faculty. It is filled with timely articles that hold your interest and impart valued information that is of practical application. Medical Clinics should be a regular visitor to every progressive doctor.

LEGAL MEDICINE AND TOXICOLOGY. By many specialists. Edited by Frederick Peterson, M. D., Manager Craig Colony for Epileptics; Walter S. Haines, M. D., late Professor of Chemistry, *Materia Medica and Toxicology*, Rush Medical College; and Ralph W. Webster, M. D., Assistant Professor of Medical Jurisprudence, Rush Medical College. Second Edition. Two Octavo volumes, totalling 2268 pages, with 334 illustrations, including 10 insets in colors. Philadelphia and London: W. B. Saunders Company, 1923 Cloth \$20.00 net.

While this is technically a new edition—the second—it is virtually a new work, because it has been rewritten, reset and much enlarged.

It is the only comprehensive work on these subjects published in many years. Its editors and corps of expert contributors are the pick of the world. Nowhere could greater authorities be found.

A very important feature of the work is the clinical angle from which much of the material is presented. This is particularly so in the section on toxicology, where are given symptomatology, diagnosis and treatment of many of the conditions there discussed.

It is not alone the expert upon whom the law may call for testimony, but every practitioner is liable to be called at any time as a witness, or to defend himself in suits for malpractice.

Peterson, Haines and Webster's Legal Medicine and Toxicology will guide him in his testimony and will show him how to avoid pitfalls set by the opposing legal authorities.

We recommend this very splendid text to our readers.

THE SULTAN OF SULU AND THE X-RAY

How the use of the X-rays gained a diplomatic victory over the Sultan of Sulu some years ago is a fascinating story related for the first time.

When the United States acquired the Philippine Islands, the Sultan of Sulu, at first, kept his people as quiet as possible under the rule of the United States. One day, however, the military officer assigned to control, in telling the Sultan about the wonderful inventions of the Americans, described among other things the method of looking through the body with the X-rays. He told the Sultan that the bones of the hand could be seen with the X-rays just as plainly as though the flesh had been stripped off.

This was too much for the Sultan's credulity. He

assumed a disagreeable attitude toward the military officer, whose influence began to wane. He told his people that the Americans were such great liars that no confidence could be placed in any of them and it was not long until he was demanding a greater pecuniary allowance in return for keeping his people in a friendly attitude toward the Americans. Thereupon the military governor was directed to bring the Sultan to Manila in order that his demands might be investigated. When the military authority with the Sultan and his suite in tow arrived there the medical officer in charge of a large hospital, upon being told how the governor had lost the greater part of his control over the sultan by telling him about the X-rays, suggested that during the conference the following day the Sultan should be taken on a tour of inspection through the hospital in order that he might see with his own eyes the things about which he had been told. This plan was adopted, and on the following day the Sultan of Sulu, accompanied by his attendants all clothed in their most gorgeous trappings, arrived for the conference.

At the proper time the tour of inspection through the hospital was begun. The medical and surgical wards, the laboratories and surgical operating rooms were all visited in turn. Finally, the Sultan and his retinue of attendants were ushered into the X-ray department where they were told that the American physicians would now actually show them the bones of their hands just as the military officer had told them could be done. At once the lights in the room were shut off and the X-rays were turned on. The Sultan was called to come forward and see his own bones. Tremblingly he complied and when he saw the image of the bones of his own hand on the fluoroscopic screen he nearly collapsed from fright. After he had recovered his equanimity to some extent he forced the leading members of his retinue to come forward and view their own skeletons.

After considerable talk with his attendants, he explained to the Americans that now he understood what great advances they had made and he pledged anew his allegiance to the Stars and Stripes. Since that day in the dark fluoroscopic room of a Manila hospital, the American authorities have had little trouble with the Sultan of Sulu.

This use of the X-rays by the medical officer in charge turned the tide of diplomacy in favor of the American authorities and thus avoided the necessity of sending an armed force to subjugate the Sultan's people. Thus this diplomatic method saved the lives of many American soldiers and secured the hearty co-operation of the Sultan of Sulu more effectively than could have been accomplished by armed combat. This appears to be the first record of the use of X-rays in diplomacy.—Journal of Radiology.

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